

child study

A quarterly journal of parent education

Changes and trends in child-rearing advice

Orville G. Brim, Jr.

Having a baby: the emotional aspects of pregnancy

Aline B. Auerbach

Fall 1959

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The road ahead

Seventy-one years ago a handful of mothers and an enterprising schoolmaster embarked on a series of informal discussions of child rearing that were to mark the beginning of the organization now known the world over as the Child Study Association of America.

The start of the modern parent education movement can be dated from this time, and its basic philosophy was clear even then: faith in the capacity of humans to learn and change and grow, and a deep conviction that the new sciences, the new knowledge of man—his mind and emotions, his behavior and society—were not laboratory abstractions, but had something important to tell parents about the everyday problems of child care.

Since that time, our awareness of man's inner and outer worlds has been vastly broadened and deepened. Such infant sciences as psychiatry, psychology, sociology and anthropology have made great strides; research methods have been clarified, improved and refined, and our comprehension of children, their growth and development, has a much firmer base in the established core of scientific evidence.

We know much today that we did not know, or only guessed at, in those early years. Yet even more, perhaps, we recognize new areas of ignorance. We are aware that the advances of science haven't always been evenly paced; important studies have been isolated or fragmentary; there are gaps and frank contradictions. How much more difficult it has become to say "*This* we are certain of; *this* will be true forever."

This new recognition is a healthy sign, as Dr. Orville G. Brim, Jr., points out in the excerpts (beginning page 23) from his important forthcoming volume, *Education for Child-Rearing*. His study, to be published in November by the Russell Sage Foundation, takes a fresh, hard look at the part research in the social sciences has played in parent education, the progress made, and, above all, the areas still to be explored and the long road ahead. The Child Study Association of America is proud to note that it initiated and co-sponsored the project on which this study was based. It hopes that the clear light the report throws on the needs in research will have proven, in the decades to come, a significant first step forward.

ALFRED D. BUCHMUELLER
Executive Director

By Aline B. Auerbach

Having a baby—

the emotional aspects of pregnancy

For expectant parents, learning to recognize and put into perspective their many feelings about pregnancy and the new baby can be important preparation

Young families are growing rapidly these days, and the old "hush-hush" attitude about pregnancy, labor and delivery is almost a thing of the past. The trend toward attractive, well-designed maternity clothes is more than a clever merchandising scheme. It is a reflection of the fact that today's young mother not only wants to be comfortable during her pregnancy—she no longer wants to hide or camouflage her changing figure. The loose full overblouse has become the frank symbol of new motherhood, which most young women wear with pride.

This change of attitude is seen everywhere—in the many magazine articles, books and pamphlets designed to "prepare" young parents for parenthood, in the increasing number of "parents' classes" conducted under many auspices throughout this country and in parts of Europe—even in the acceptance of childbirth as a suitable subject for commercial as well as educational motion pictures. Through these different media, young wives—and their husbands, too—are acquiring a great deal of information that is standing them in good stead throughout the pregnancy, in labor

and delivery and during the early days and weeks after the baby has come.

They are learning many facts about the birth cycle from conception on, the bodily changes in the mother during pregnancy, the growth of the foetus, the progressive course of labor, and details of delivery and the immediate post-partum period. They are being given information on many aspects of baby care—methods of feeding, for example, breast feeding as compared with bottle feeding, and the meaning of "feeding on demand," in the early weeks, at least—and usually the practical details, through demonstrations in classes, of the baby bath and formula preparation.

Formerly, much of this information was part of the natural heritage of most young people. But young couples today, who are often living far from their own parents, or who have grown up in small families with-

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out a long trail of younger sisters and brothers, find that there is much they don't know. They reach out eagerly for all the information they can get about reproduction and infant care, not in terms of old wives' tales but in the light of current medical and scientific thinking. Armed with this knowledge, they are more likely to approach the coming of the new baby with less apprehension and more confidence.

Yet, valuable as this information is, it is coming to be seen as only a part of the necessary preparation. From nurses who meet expectant parents in groups, clinics or private consultation rooms, from obstetricians whose patients bring them many questions, and from psychologists and psychiatrists who are exploring the responses of young couples to pregnancy and parenthood comes increasing evidence that, as with sex education, factual knowledge alone is not enough. The emotional aspect of the experience for both parents must be recognized, understood and put into perspective.

What are these emotional factors?

What are some of these emotional factors? Recent experiences of the Child Study Association of America in supervising the leadership of discussion groups for expectant parents offer some interesting clues. These groups or "classes" were conducted by public health and maternity nurses who took part in programs of training for leadership of expectant parent groups given by the Association for a number of state health departments and co-sponsored by the U. S. Children's Bureau. Since these discussions are based on the interests of those who attend, they permit and encourage a much freer expression of young parents' true concerns than is usually found in classes that are conducted in a more traditional fashion. What the members of these groups reveal of their everyday experiences and feelings provides a fascinating confirmation of the findings of such leading psychiatrists and psychologists as Helene Deutsch, Therese Benedek, Gerald Caplan and the late Katherine M. Wolf.

Changing moods

While these young couples expect many of the physical changes that occur during pregnancy, they are often quite unprepared for the early emotional upsets that are so frequently experienced by the mother in the first trimester and on into the second. By and large, they have accepted the healthy concept that pregnancy is a natural and normal part of a woman's life cycle, and that to be pregnant does not mean that she is "sick." No wonder, then, that so many women are surprised, troubled and often ashamed to find themselves subject to startling mood swings which "just aren't like me." Once given the chance to do so, they often talk quite frankly about their quick irritability, unexpected bursts of pleasure, their susceptibility to tears on little or no provocation, and their feelings of anxiety and even depression.

As yet, no one fully understands the reasons behind these emotional reactions, but they seem to be normal and quite characteristic. They apparently parallel the hormonal and general physical development of the pregnancy and are probably closely related to it. They seem also to reflect the mother's sense of change not only within herself but in her relation to her husband, and the new demands that she will be having to meet.

Doubts and fears

Along with these unusual moods—which may range from depression to heightened well-being—many young mothers find themselves experiencing a series of anxieties that come along in a fairly predictable—but by no means uniform—pattern. At first these may express themselves in a mother's doubts about the pregnancy itself. Is it *really* true that she is going to have a baby? Often a young woman says that she didn't honestly believe she was pregnant until she felt the baby stir within her. She may wonder, too, whether she will be able to carry her pregnancy through to the end. The frequency with which these young women mention their fear of miscarriage seems to

reflect what they talk about in other connections as well—their concern that they may not be competent enough (or mature enough) to take on the new role of motherhood. These fears are often associated with a strong sense of unhappiness and disappointment which many women experience on first learning of their pregnancy—even those mothers who have wanted a baby most. In one way or another, these parents seem to be saying, "I'm not really sure I want him just now, after all." At the same time, they feel caught in a situation which is unchangeable and inevitable and from which there is no return.

Usually these feelings do not take the form of actual rejection of the baby but focus rather on what his coming may mean to them personally—tying them down, perhaps, burdening them with a never-ending responsibility, even creating a threat of harm to their health and their very lives. Their mixed reactions to the pregnancy often attach themselves to such real issues as the extra financial burden of having another member in the family and the need for more living space.

Interestingly enough, however, in parent groups such discussions usually end on a positive note: "The baby won't really add much to our expenses, at least not the first year," they will say. Or "We'll manage by putting the crib in the living room at night until we can find a larger apartment." Similarly, they seem to move past their resistance and doubts about the new baby. As the time of delivery approaches, most mothers—even those for whom the coming of a new child is truly inopportune and full of possible difficulties—look forward with pleasure and warm anticipation to having him. While a few may say, "I can't wait till my pregnancy is over" (so that my discomfort will be at an end), many more say eagerly and spontaneously, "I just can't wait until he is here."

Will my baby be normal?

As the pregnancy progresses, the mothers' mood-swings usually settle down and

their feelings of self-doubt take on new forms. Their fears about the health, normality and completeness of the baby are perhaps accentuated by the current emphasis on the variety of disabilities from which children suffer, many of which are present at birth. Health agencies that are concerned with special handicaps of children are making an important contribution in developing new scientific knowledge and better services; but at the same time, their educational and promotional campaigns are reinforcing the already present fears of expectant parents. These fears seem to take on an added intensity as parents begin to think more specifically of their own babies, shortly before they are born.

It is not surprising therefore to find repeatedly that fears of birth anomalies, of deformities, and of inherited tendencies toward diseases are expressed toward the end of a series of group meetings—a time which generally comes close to the mothers' delivery dates. There are probably many deep, personal reasons that determine the strength and nature of this fear in individual parents. Looked at more superficially, and from the point of view of the group as a whole, it is as if this were a final breakthrough of the need for reassurance, the wish to be told that "everything will be all right."

Obviously, no one can assure young parents that everything will be all right. But they can be encouraged to bring their fears out in the open and to check them against the reality of the situation. In groups, parents gain comfort as they find out that they are not just "being silly" and that others

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share these feelings too. From the nurse-leader—and sometimes from the other parents in the group—they learn that only a relatively low percentage of children are born with some defect. Percentages are usually reassuring, especially when the odds are so much in one's favor. Talking over what is really troubling parents often drains off some of their anxiety and tension and helps tide them over until they face the final answer in the reality of the new baby.

How will I behave?

As the time of delivery comes closer, a mother may worry about what she will do during the stress of labor itself. How will she react to pain? How much can she stand? Will she yell and scream and act like a baby? Basically, what kind of a person will she find herself to be anyway? These are some of the questions, often only partly recognized or not openly faced, that seem to lie behind many young parents' discussions of anesthetics and analgesics and "natural childbirth." It is amazing how much relief these parents get when they are able to bring these questions too out in the open. In the talking, they seem better able to face their potential strengths and weaknesses and to hold up more reasonable expectations for themselves.

What if they should "behave badly?" Others have done so too, many times, and doctors and nurses have understood and tried to help them. If they should find they need medication or anesthesia, that's what it's there for. In the meantime, they are gaining knowledge that will help them go through the experience more easily—by knowing what to expect so that the fear of the unknown will be removed to a great extent, and by knowing that there are ways in which they themselves can help. Learning about bodily relaxation not only during pregnancy but as preparation for relaxation in between the contractions of the birth process, about types of breathing appropriate for different stages of labor and about exercises for increasing one's comfort before and after the baby is born—all these

are helpful beyond the immediate skills they represent. They give mothers a feeling of confidence in advance and, in the doing, serve to channel anxiety into action. This kind of planning ahead also gives them a sense of perspective and a feeling that labor will not last forever and will bring its own rewards.

This brief discussion has suggested only some of the main emotional responses to pregnancy and the coming of the new baby. There are many others which also fall into place more easily if they are recognized, accepted and understood. For example, many wives are markedly apathetic and preoccupied during the pregnancy. Husbands, "outsiders" and even the mothers themselves may be distressed by an attitude that seems too selfish, childish, rejecting of others or what you will. Closely related to the passivity and self-absorption is the dependence one finds so often, the increased clinging to others, the unwillingness to make independent decisions and to assume normal responsibilities—at the very time when a young mother is about to take on a new stage of adult responsibility. Isn't it natural to be apprehensive and irritated by such behavior? What is it anyway?

Gathering strength

Again the answers are not easy or clear. This, too, may be a temporary response to the demands of a new situation, a step back, as it were, in an effort to consolidate one's resources. It is as if an expectant mother needs to recharge her reserves by receiving from others so that later on, when the time comes, she will have more to give to the baby and to the whole family in return. While it hardly makes up to a young husband for his feeling of being neglected and almost abandoned, it often helps him to accept the situation if he knows that it is temporary, quite common—and seems to serve some purpose! And the young mother too is reassured that she is not wicked because she feels this way. Accepting this as part of the pregnancy seems to make her feel less guilty about it and so she is a little

better able to respond to others. In the same way, voicing and accepting her irritation and feeling of deprivation because she is asked to control her food intake often frees her to follow a prescribed diet more easily—and even to prepare food for her husband which she herself may not eat.

As Dr. Gerald Caplan of the Harvard School of Public Health so well points out,* “Pregnancy is to be regarded as a period of increased susceptibility to crisis” and may “impose characteristic stresses” on the various phases of the mother’s functioning in the family and in the social environment. At every stage, the emotional responses of the young mother and father to their changing family situation are important and revealing. As they recognize their personal feelings about it, they can be more fully prepared to meet it, step by step.

Yet it would be a mistake to think that for each individual the emotional aspects of pregnancy are the same. While there seem to be many reactions that are usual, and while the psychological manifestations seem to follow a progressive pattern, each person naturally responds in terms of his or her own personality make-up and the particular experiences of his or her earlier years. It is essential, then, that each one be given freedom to choose ways of handling the pregnancy and new baby that seem appropriate for him. Today, this is not easy, for with much new psychological and medical knowledge have come some new stereotypes, new concepts of “desirable” behavior in which many young couples find themselves caught.

“Natural childbirth”

Take the matter of the “natural childbirth” movement which has accomplished so much in bringing back into focus the normality of childbirth and the desirability of as little medication as possible. Begun as a valid reaction against the routine use of

total anesthetics in childbirth, with their possible undesirable effects on both mother and infant, it has stressed the psychological and emotional value of a mother’s conscious—and full—cooperation during labor and delivery. As the idea has spread, however, it has become something of a cult in some circles and distorted far beyond its purposes and functions. To some it has come to mean “childbirth without pain,” on the assumption that knowledge in advance reduces the tension caused by fear and that the various exercises taught in preparation will serve as a magic panacea. Pain is undoubtedly lessened through these approaches, but more significantly, the mothers learn to meet it and work *with* it rather than *against* it. Those who believe otherwise often find themselves badly disillusioned. Along with the promise that this interpretation holds out, the extreme followers of natural childbirth tend to glorify their approach as “the only way,” and place a strong personal and group value on seeing delivery through without medication. A mother who is not able to do this because her threshold of pain tolerance is low (or for any other reason) may feel she has “failed,” and the feeling of failure may haunt her for some time to come.

Social pressures

We have been privileged to listen to some revealing discussions of why women choose natural childbirth, and the reasons they give are rich and varied. In one group, for instance, they ranged from fairly simple ones such as “I’d like to know about the whole thing myself” and “I think it’s better for the baby” to much more personal reasons, such as “I think it’s about time I faced some of the tough things in life,” for one reason or another. Here they were examining their conscious motives, out of the full knowledge that they were making their own choices, on the basis of their best judgment of themselves and what they wanted. Other members felt just as free to ask their doctors for a different approach, and it was the nurse-leaders’ responsibility to help

*Caplan, Gerald. Psychological Aspects of Maternity Care, *American Journal of Public Health*, January, 1957.

them see what was involved in the choice, so that they could decide without a feeling of having to live up to group expectations.

It isn't always easy for young people to maintain an open approach, for they are often quite vulnerable to group and community pressures. Yet it is an important goal to keep in mind—or parents may find themselves committed to a course of action which goes against their personal convictions and feelings.

Breast feeding

Breast feeding is another issue on which young parents face many outside pressures. It's essential—for the comfort of the mother and her baby too—that each couple come to its own decision, on the basis of as full an understanding as possible of the advantages and difficulties of both breast and bottle feeding. And both the mother's and the father's preferences must be taken into account. (Interestingly enough, the ideal concept or stereotype of the most desirable method of infant feeding varies markedly from one social group to another, depending on many subtle factors of educational level, socio-economic background, country of origin, etc. It is therefore difficult to predict what form it will take.)

Father is in this, too

One final stereotype from which young parents seem to need to be freed is the fairly new concept of the "cooperative" father and the role he should play during his wife's pregnancy and delivery and after the baby is born. Increasingly, and with good reason, fathers are being encouraged to share as much of the experience as possible, staying with their wives during labor—even in a few rare cases, during delivery itself—and helping with the care of the infant. But should all young fathers be expected to follow the same pattern? Shouldn't their own likes and dislikes be respected? Some young men prefer not to stay with their wives during advanced stages of labor. They often say so, just as some wives say that *they* would rather not have their hus-

bands with them just then, for one reason or another. Often, too, fathers have a real repugnance about helping with a particular phase of baby care. As one young man put it, "I don't think I want to get mixed up with diaper changing—but I won't mind at all handling all the laundry in the washing machine!"

Preparation for the new baby not only means an honest, thoughtful approach to the many facets of pregnancy and the individual reactions to it, but some knowledge too of the needs of the new baby, the different ways in which both mother and father will respond to him, and the way his arrival will affect their lives. Much of this cannot be predicted in advance. Many men and women find that the actual experience arouses in them capacities and feelings they never knew they had. But some anticipatory thinking, if not guidance, is helpful at least in opening up new angles to mull over, and to see in new lights. The following excerpts from a report of a group discussion may serve as a final example:

"I can just hear what my husband will say every evening just as he comes in," said one young woman. "How's the baby?" he'll say, and not asking me what's with me, and he'll probably go to the crib and kiss the baby and then maybe come and give me a little peck."

"Husbands are going to be feeling the same way," said another. "They're going to say we spend all our time with the baby and give it all our love and don't have any left for them." They all agreed that it would be a rough period for both parents, getting used to a third party cutting in . . .

"It's going to be real hard for me to feel comfortable at home with my baby," a young mother added thoughtfully. "I've worked for several years and I'm going to miss outside contacts. Then too I came from a large family and my parents had to make a lot of sacrifices for the children, but my mother didn't call them sacrifices. She said she did those things because she loved us . . . You know, along with the things you have to give up, I'm just thrilled to think I'll be having the experience of being a mother."

First grade brings new challenges: to meet them,
a youngster needs parents who understand and accept
his own unique abilities and limitations

The first year of school

By Dorothy H. Cohen

The youngster at the door of the first grade classroom stands with mixed feelings of pride and anxiety, of excitement and cautious anticipation. It is a momentous step—and he knows it. He comes with little perspective and a concept of time wholly inadequate to encompass the long-range nature of the experience ahead. In time, school will become a major part of his life, not only shaping his attitude toward learning, but even affecting his evaluation of himself and others. Indeed in a country like ours, where schooling is compulsory and universal, success or failure in school becomes integral to a youngster's very feelings of well-being or inadequacy.

A child's notions of what he will find in first grade are probably compounded of reinterpretation of neighborhood children's perceptions plus memories of school passed on to him by his parents. "You must be a good child, sit very still, and do everything the teacher tells you." (One child practiced sitting like a statue for weeks in order to be ready.) Or, "You will learn all kinds of wonderful things and make many new friends." Some parents caution their children "to work hard and get good marks, because some day you will want to go to college." Few parents can conceal a shred of feeling about first grade—especially a

first child's entry into first grade—whether it is mixed pleasure in a child's growing up, resentment of what "those teachers" will do to him, or fear and hope about how well he will do when compared with others.

What does first grade mean to children?

Yet, whatever the coaching from others, most children approach first grade with the solemnity of a ceremonial rite; they sense it as the real beginning of being grown-up—of "being big." The feel of being big is in the way you walk, the way you sling your books or carefully carry your briefcase; it is sensed in the cockiness you experience from others; it must mean conviction and all-knowingness; it surely means you are "in." What is more, children expect to don this cloak the moment they enter school: many a first-grader has come home disillusioned because his teacher did not magically teach him to read at once!

Although the pride in being grown-up persists, it takes time before this feeling is

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based on actual conquest of the realities. Even a sophisticated nursery school youngster is not capable of imagining the more stringent rules of social living in the big school—the prescribed entrances and exits, the UP staircases and the DOWN, the impersonal lavatories into which adults rarely venture, the formalities of one kind or another including prescribed times for hither-to spontaneous activities such as toileting and playing with your friends. A six-year-old looks forward to meeting new children—he is a social creature. Yet it may take him weeks to associate names with all the faces, and he may well be startled to find unfamiliar expressions and attitudes towards play, competitiveness and sharing. Studying first-graders through their mothers' observations, Stendler and Young found that it was hard for many young children to take the unexpected aggressiveness they saw in others—especially when directed towards themselves. Nor could they easily accept standards for good or bad behavior that varied from their own.

Adult demands and expectations may prove unexpectedly different from the familiar too. Even in the same school there may be wide variation in classes as to how quiet you need to be, what is justifiable squirming, what is poor behavior and what are appropriate demands for achievement. Rules and regulations at school are set for large groups, and may seem incomprehensible to a youngster who thus far has had little experience in large groups.

Adjustment to school might well be defined as the increasing ability of a child to function with all his powers intact within this new, enlarged horizon as he meets its three major challenges—new teacher, new children, new learning.

School brings new relationships

In the first grade, each child still sees himself as a lone individual in relation to his teacher—the morale-lifting support of group consciousness has yet to come, some of it in the course of that year. Some need for the one-to-one relationship of adult and

child is still there, but readiness to trust adults outside of home is there too.

So markedly important is the adult-child aspect of school, however, that even the normal interest in peers may be affected if there are special needs in the adult-child relationship. Extremes would be the children who find it hard to accept a mother-substitute, or else build their school life solely around the teacher, denying for themselves the expansion of their personalities through peer relationships. Others may be suspicious of strange adults or jealous of the other children's relationship to the teacher, and they too find it hard to function fully in the learning situation. And there are children for whom the need to be good is greater than all else—children who watch the teacher closely, in order to control and guard their actions to meet adult requirements. A harsh teacher can still throw a first-grader into such regressions of behavior as bed-wetting, nightmares, early morning cramps and diarrhea, etc. But for the most part, six-year-olds come ready to love the teacher, and find a special satisfaction in the more objective and not altogether unintimate relationship.

Perhaps one of the services parents can offer to children who are going into a formal school situation for the first time is some notion of the difficulty in communication between teacher and individual child when there is a large class. It might be helpful, too, to attempt to find out something about the particular school's regulations. This orientation is just as valuable for the child from a "strict" home who enters a permissive milieu, as the reverse.

At the same time that a new dimension in child-adult relationships is being established, the first-grader is heading toward greater orientation within his own generation. Two or three years hence he will cheerfully dispense with parental opinion in favor of what the "kids" do and say. But just now, as he enters school, his awareness of these "others" is such that it is important to him to take their unvarnished, critical appraisal of himself and his

performance with poise. His security depends somewhat on the skill with which he meets the two forces so essential to his sense of adequacy—his need to please the teacher, and his desire to be liked by the youngsters—and this while he is attempting new and challenging kinds of learning, in itself an emotional experience. If the standards of the teacher and the children are different—as they so often are—the matter is endlessly complicated!

How competitive a child has he always been as he enters this situation? How much does he need acceptance by peers? Or approbation by adults? How much does he care about standards of performance? All young children need recognition for their right-doing, which at school is often tied in with achievement. But a parent might ask, too, about his child, "How much approval for his actions does he need in order to be able to proceed? How important is it to him to prove to the teacher that he is doing the "right" thing in the "right" way? And how does this struggle affect his home relations?"

For the happiest child in first grade, there is often a strain in keeping up with the demand on himself to "be big." Irritability, whininess, and resistance at home are not unusual as a result. As one youngster put it, "I have to be good in school all the time. I have a right to be cross when I'm here at home!"

School demands conformity to authority

For the six-year-old, concepts of right and wrong have taken shape, but the power to abide by the right and refrain from the wrong is still a little tenuous. First-graders are conscious of the teacher as the arbiter of what is or is not allowed and they believe everything the teacher says implicitly. Often, in fact, the first-grader bolsters his own sense of righteousness by pointing out to the teacher all the wrong-doing he sees around him—even if it's his best friend who is the wrong-doer! At this age, youngsters do not even seem to resent this kind of tattling seriously. They are all in the game of

learning right from wrong for keeps, and sensitivity to other people is secondary to the need for self-preservation in the eyes of the authorities one loves, respects or quite possibly fears.

Young as they are, first-graders are cognizant of school as an authoritative arm of the community, and they struggle to cope with it in ways determined by their previous experience with authority. In this regard, it might be well to recognize that little boys have a harder time than little girls submitting to the authoritative arm. Little boys are definitely more restless, find it harder to sit still, to deal with the passive, the minute, the persistent in school work. They seem to need to be up and about, whooping it up and playing like fury for a longer time span than girls. More than one first-grade teacher has felt that the entrance age for boys ought to be at least a year later than for girls! Yet, there is seldom provision for this kind of individual difference, and boys at school are generally

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required to be as socially mature as girls—even though every psychology textbook insists that girls mature at a more rapid rate than boys in the early years. As the children move on to such things as writing, the difference continues, with boys, even at third grade, notorious scrawlers generally and the girls on the whole able to be neat and stay within bounds.

School means learning

With all this, children go to first grade knowing that school is where “you learn things.” What will they learn? They will surely be taught the tools for further learning—reading, writing, and arithmetic—as well as scattered aspects of human experience. The most significant learning will be the attitude towards learning itself—and this will depend upon a child’s success or failure in learning the tools from a relative stranger, in a world of perhaps more or less rigid standards than he is accustomed to and surrounded by new potential friends and rivals.

This learning of the tools for learning is a major task, and it is important for parents to be aware of the progress their child is making—without becoming overly worried if it proceeds at a slower pace than that of the neighbor’s children, or even slower than one would wish. A child needs parents and teachers who care—drop-out from high school is highly correlated with failure in reading and/or arithmetic in the early grades. At the same time, it is essential to remember that pressure and worry won’t help, that children grow in different ways and are ready for different kinds of learning at different times.

Some children take their time about it all. They look, they explore, they examine, they hesitate—and then they catch on. Others take a quick look, and they have it, run to the next item, take another quick look and they have that too. Some move forward, then back; then move forward and pause a while. There are children who need to see the whole framework of a concept before they can remember details re-

lated to it. Others build up detail piece by piece and then grasp the whole. Some youngsters do better with human-centered, personalized concepts; others, with the numerical, impersonal aspects of learning. And some learn best visually, others tactually, still others aurally. The capacities for subtlety, for generalization, for abstraction, for physical learning and for social learning vary markedly from one child to another. Parents would be wise to estimate the way in which their child learned best *before* he entered school in order to better predict how his pattern will operate within the school framework.

The child who can hardly sit through a meal, plays actively and constantly may not yet be able to sit still long enough to follow the best planned lesson. The child who is easily distracted or easily vanquished, the child who must be perfect and on top—these remain themselves in first grade. Despite all that is known about individual differences, schools are only slowly finding their way out of the assembly line approach that equated all children as one. Consequently, although many schools make the attempt to allow children to proceed at their own rate, the children may be very much aware of an actual competitive situation based on a specific, standardized concept of the way a certain grade level should perform.

Competition can be a stimulus

The child who said at nursery school, “Your picture stinks” (or, more politely, “Mine is prettier”) knows in first grade that he is on a primer and John is on a reading readiness workbook. Reading levels disguised as Bluebirds, Butterflies and Tigers are succinctly interpreted as “Howie is in the slowest reading group, and Johnny’s group is on their *third* hard covered book.” But if a child feels the satisfaction of successfully meeting a real challenge, the competitive aspect is stimulating rather than damaging. For example, losing a tooth is as big a thing to a first-grader as learning to read. All around him are children who

are ahead or behind him in teeth-losing, yet the majority are only mildly rivalrous in the contest in which they feel everyone will surely win. If a child does not see his position on the academic scale as realistically, it is because parents are apt to be far more tense about their children's learning to read than about their teeth falling out.

In the back of their minds, parents may hope that in spite of "individual differences" their children will somehow beat the rap and come out on top. In the careful balancing of the demand for achievement and the avoidance of excessive pressure, both parents and teachers often find themselves confused or rigid. A child definitely needs goals held out for him, models to follow and encouragement to give him faith in his power to succeed. He also needs the opportunity to make mistakes in a climate where mistakes are not considered tragedies or crimes. But with all this, he will still learn at his own rate and in his own particular way!

All children want to learn

Children are curious—and they will go to lots of trouble to satisfy their curiosity. They are eager for evidence. "How do you know?" is a frequent question of even quite young children. And during their school years they show enormous capacity for drill and practice if they can see the purpose of the drill. A boy swats a ball hundreds of times to perfect his skill in batting. A girl twirls her leg countless times over a ball as she recites rhyme and jingle in accompaniment. It is the parent's task to keep alive the excitement of discovery, the satisfaction in learning, and to lead toward, but not force, the patience to repeat what needs repeating. Just as the first-grader is disappointed because he has not learned to read in a day, so a parent may not realize that there are many small steps to smooth reading, and that most children do not go over the hump for about three years. During that time a child needs to enjoy his victories, no matter how small. His faith in him-

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self must be kept alive. If he is having difficulties, pressure and worry from parents and teachers will only reinforce his own uncertainty about his capacity to achieve the success he needs.

Over the hurdles

The first school years can and should fulfill the promise that a child will "feel big." First grade is a major step into that outside world in which every youngster must eventually live with increasing independence and self-sufficiency. It is not a step to fear. The successful overcoming of hurdles that

are right for this time of growth will only lead to further growth. But parents must understand realistically both the assets and the limitations with which their child faces society's demands upon him. The effort to encourage, support or otherwise help must be based on the child's abilities and perceptions, rather than on the parents' ambitions or fears. As a child feels his successes, he will glow with a feeling of "being big" that is based on real achievement. Spurred by success, he can only look forward to more school hurdles with the air of the conquering hero.

A new look at stuttering

A distinguished leader in stuttering research
points to new evidence which suggests
that stuttering can be prevented

By Wendell Johnson

Down through the centuries—and in some quarters today—men have taken two main approaches to the problem of stuttering. According to one, stuttering is due to some physical flaw in the speaker, either hereditary or the result of disease or injury. The other theory suggests that stuttering is a symptom of emotional conflict, instability or maladjustment. Again, the supposition is that this emotional something-or-other is either inborn or the result of a bad childhood experience, an unfortunate parent-

child relationship, or stress and strain of some sort.

These sound like two very different theories—but essentially they are one and the same. Both locate the problem and its cause *wholly within the speaker*. Both indicate that the cause either is inherited or the result of a happening, such as an illness or an emotional experience, which leaves its mark on a previously normal and sound body or personality.

Both these views have some distinguished proponents today. Yet, over the past quarter-century, my colleagues and I at the University of Iowa have been developing a body of new research evidence which suggests another kind of theory, with new—and highly promising—implications.

After extensive investigation of many aspects of both stuttering and normal speech, we have been unable to find solid scientific

Dr. Johnson is well known as one of the leading theorists in the still controversial field of stuttering. The studies cited here were made possible by a grant from the Louis W. and Maud Hill Family Foundation and took place at the University of Iowa, where Dr. Johnson is professor of speech pathology and psychology. "The Onset of Stuttering," published recently by the University of Minnesota Press, reports this work in detail.

grounds for assuming that children or adults classified as "stutterers" are distinctively different, either physically or emotionally, from those classified as "normal speakers."

Instead, our data suggest that the heart of the matter is that *some children come to be classified as "stutterers" by other people*. The basic question is: what determines whether or not a particular child will be called a "stutterer"?

In order to answer this question, my colleagues and I conducted, over a twenty-five-year period, a series of intensive studies of a total of 246 children regarded as "stutterers" by their parents—and we carefully studied their parents, too. For each of these children we selected a "control" child who was looked upon by his parents as a normal speaker, and we compared the parents of the "control group" children with those of the "clinical" group.

Understanding normal speech

Our findings now indicate that the origin of stuttering is not to be found solely within the speaker—but in the crucial interaction between the speaker and his listener. They suggest that two major factors determine whether or not a particular child will be classified a "stutterer": first, the number and kinds of repetitions and hesitations in his speech; and, secondly, the degree to which his listeners (chiefly his parents) tend to notice these hesitations and repetitions, to diagnose them as stuttering and to worry about them accordingly. We have found, further, that the problem of the origin of stuttering can only be understood when it is placed against the background of normal speech patterns. We are aware now—as we were not in the early 1930's—that from the birth cry, which is repeated over and over again to everyone's delight, repetition is part and parcel of normal speech development. During the first year, the average baby repeats half or more of all the sounds he makes. And this activity does not suddenly stop when a child begins to form words. In fact, the

average two- to five-year-old repeats a sound, a word or phrase about *fifty times every thousand words*. (The range is roughly from ten repetitions to one hundred.) To our knowledge the perfectly fluent youngster—or adult—does not exist.

The importance of understanding the range of non-fluencies in normal speech became clear in our early attempts to define "stuttering." We soon discovered that even youngsters who were very fluent (repeating only ten to twenty-five times per thousand words) frequently were classified as stutterers by parents who were highly sensitive to the non-fluencies and thought that their children shouldn't be repeating at all. On the other hand, we found some comparatively non-fluent children who apparently had no "speech problem" because their parents took it for granted that their youngsters were speaking normally.

Later, when we began to ask parents in the clinical group about their *first* suspicion that their children stuttered, the importance of the parents' role became even plainer. To our surprise, the *initial* judgment about stuttering (usually the mother's) rested far more on the parents' own feelings than on any objective evidence of abnormality in the child's speech.

At first, nothing extraordinary

For one thing, the children themselves didn't seem to feel in any way that there was anything unusual or troubling in their speech at the time. Almost as though reciting a refrain, most of the parents reported "Oh no, at first he didn't know there was anything wrong." Nor, in most cases, did the parents recall that their child showed any unusual tension, emotional strain or signs of "blocking" when they first began to notice his stuttering. In fact, it became clear, the vast majority of the children were simply repeating syllables, words or phrases, or hesitating by saying uh uh uh hmm and the like—a pattern we know to be quite characteristic of normal

speech development. Even those few children who at the time did show signs of some unusual emotional tension or strain clearly were reacting—quite naturally, and with reason—to some new or disturbing situation or condition.

Why, then, if the child was actually behaving quite normally, did his parents seem to think that there was something wrong, that their child “stuttered”?

At age three, new listeners

One clue came in our discovery that parents in the clinical group almost invariably reported that their child *began* to repeat and hesitate when he was somewhere between two-and-a-half and four years old. Since we know that all children show these non-fluencies much earlier (as soon, in fact, as they make their first sounds), this “beginning” date evidently reflected less a change in the child than a change in the parent, who suddenly *had begun* to notice the non-fluencies at this time.

We further learned, by putting hundreds of the same questions to parents in both the clinical and control groups, that almost 99 percent of all parents pay very little attention to their children’s speech hesitations. In fact, nearly half report (contrary to established evidence) that their children have never repeated or hesitated at all. But, significantly, parents who *do* notice some hesitancy—whether or not they call it “stuttering”—are likely to report that it began when their child was three or so.

What happens, then, to make that third year a crucial one? Our findings suggest that up until that time the vast majority of parents were listening to their child uncritically, taking enormous pleasure and pride in all of his early efforts to learn to talk. But when the youngster was about three, without realizing it, many of the parents began to listen differently. Their child *had learned* to talk. They no longer noticed each new word—he was using so many words they couldn’t be sure that any of them were new. He was no longer just being “cute” for them—he was actually commu-

nicating. And he was asking nearly 400 questions a day!

For approximately 1 percent of the parents we studied, the fact that their child was now a speaker created a new factor: they began to judge him as a speaker and, understandably enough, by standards which were not quite suitable.

In the first place, to mothers and fathers who had not realized that their child had been repeating and hesitating all along, the discovery of even average non-fluencies came as a shock. They honestly supposed that their child’s speech (rather than their own perceptual set or way of listening) was suddenly changing for the worse. And, taking for granted that these repetitions were wrong or abnormal, they set for their child (and judged him by) a standard of fluency far too high—even for adults.

Losing confidence

It is important to note that actually, however, by realistic standards, the vast majority of these children talked—at *first*—very well. But as they sensed in their parents the subtle signs of worry or disapproval—tone of voice, facial expression, bodily tensions and posture—they reacted much as you or I would. They began to behave as though they were losing confidence in their ability to speak “well enough.” They became a little less relaxed in their repetitions. They came to do relatively fewer of the easy, leisurely repetitions of whole phrases and words and comparatively more of the tighter and more hurried repetitions of syllables, li-li-li-like this rather than like, like this or something like, something like this. And they even started “jamming up” a little, “dragging out” sounds, sssssuch as this. It was as though they were learning, in the face of parental uneasiness about their hesitations, to hesitate to hesitate.

Naturally enough, the parents began to worry all the more. And the more they worried, the more uneasy their children became—especially when they were talking to their parents.

Moreover, once parents had come to

think of their child as a "stutterer," a new class of worries descended on them. Now they began to be uneasy not only about their youngster's speech, but about his personality, his emotional stability, his nervous system—and many other things.

Often, too, they began to talk directly to the child about his "speech defect," telling him "what to do"—to take a deep breath before trying to speak, or to stop and think, or speak more slowly. Anyone who will take a moment to try on any of these instructions for size will quickly appreciate how difficult it is to speak *normally* while trying to act on such advice. In the cases we have studied, the effects were seen mainly in less spontaneity, more tension, less fluent speech, and a more strained relationship between parent and child.

"Stuttering" can be prevented

These, then, are the essential facts about the way stuttering arose in actual cases. And they imply that full acceptance of the child's first hesitations and repetitions as *normal for him at the time and under the circumstances* can help prevent this kind of speech problem.

This is, in fact, how the problem is prevented for ninety-nine out of every one

hundred children in our society, and for *all* the children in the Bannock, Shoshone and Ute tribes—all three of whom (and there may be others) do not know the problems of stuttering and have no word for it in their language!

The basic fact to be emphasized is that the normal range of fluency in childhood speech is very broad. And under some circumstances—great fright, bewilderment, shame, exhaustion—it is entirely normal for a child to be essentially speechless, quite blocked, strained and tense or very halting.

In addition, there are two aspects of early childhood speech that are not always clearly understood. One is that speech begins as a very self-centered affair. At first a child talks mainly to himself, and it is not altogether easy or simple for him to learn to talk not only *to* but *with* other people. Some of the child's speech hesitancy is chiefly a sign of awkwardness and uncertainty in learning to use speech to interact with other children and adults.

Secondly, children do a lot of experimenting with the sounds and noises they find they can make. The infant indulges in a great deal of vocal play, and the child of two to four years or so not only tries

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to sound like dogs, cats, and chickens, as well as trains, planes and lawn mowers, but he tries all sorts of things with the sounds of his own speech. Often, he finds great fun in simply repeating words and syllables over and over—in fact, repetition and alliteration are outstanding features of children's poetry. He also huffs and puffs and sticks out his tongue and makes all kinds of shapes with his mouth or lips. Some of his tense and non-fluent speech is ordinary playfulness.

Some awareness of these facts, along with the knowledge that it's quite usual for parents to only begin to notice any speech hesitations when a child is about three or so, can be important. In addition, the checklist below may prove helpful to parents who are beginning to feel that their child may be repeating or hesitating more frequently than he should:

1. Is this really a new development?
Are you certain that he hasn't been talking this way for some time?
2. How fluent are other children his own age (and some younger or older) under various conditions? Is Jimmy's speech really "different"—or "worse"? Some perspective on the normal repetitions and hesitations in speech can be helpful here.
3. Is there anything special about the situations in which you've noticed "something different" about Jimmy's speech? Are they, for example, times when *you are paying more attention* to the way he talks? Or, are they moments when he is really speaking less spontaneously—but for a good reason? For example, most children speak a little less freely when their parents are preoccupied with other matters and their attention is hard to get and hold.
4. Is he very excited about something, or is he in a verbal tussle with another child or in conflict with you—or is he tired, frustrated, blue or bewildered?
5. Is he in a new place or with strange people and therefore unsure of himself, uneasy or even upset?

In general, be certain that you are not expecting your child to speak more fluently than would be normal—and remember that "normal" can be very non-fluent.

Focus your attention on the *conditions* in which your child is trying to speak, rather than on the way he talks. Remember that his speech is a response he makes to someone or something, and he responds freely and easily, or hesitantly and tensely, depending on that someone or something.

When "stuttering" develops

If you do feel that your child, for one reason or another, has developed a problem that might be called "stuttering," and if you have felt this for some time, he may very well be reacting by now with more than ordinary non-fluency and tension. The suggestions just made still hold, even so. But you may need to do a bit more.

It will be important now not to "ignore" or "forget" about the "stuttering"—but to listen to it closely, understanding that it is the speech of a normal youngster doing no better and no worse than the world around him makes likely.

Above all, it will be essential to understand that you are Jimmy's most important listener, and that you need to be someone he wants to talk with. You *will* be if the most you expect of him is a little less than the best he can do—and if you like to have him talk to you, and if you love him and he knows it.

Nevertheless, this is not always an easy job, and you may want some professional help. There are good speech clinics in many universities and hospitals throughout the country, and up-to-date school systems often have speech correctionists on their staffs. Information about clinical speech services in your area may be obtained from the American Speech and Hearing Association, 1001 Connecticut Avenue, Washington 6, D. C.

With the best that you can do, and the best that present-day speech pathology can do for you, you have every reason to be of good hope.

Thumbsucking:

a look at recent research

By Mildred F. Rabinow

Satisfying an infant's need to suck is important, recent research suggests, but parents should recognize the difference between this need—and a habit

In 1932 this magazine printed an article summarizing a symposium of specialist opinion about thumbsucking. It opened with a typical parent's question of the day: "My baby fifteen months old sucks his thumb. How can I cure him? I have tried mitts, bandages and splints without success and am so anxious to break the habit before it becomes fixed and leads to deformity of the jaw or to adenoids."

Today this might read: "Why does my fifteen-month-old suck his thumb? Although I couldn't nurse my baby, I was careful to let him suck on the bottle as long as he seemed interested; as a matter of fact, he takes a bottle now on going to sleep."

What are some of the findings in child development research that have contributed to these shifts in parental handling and attitude, from wondering "how to cure" thumbsucking to exploring the "why" of it.

Early studies

The early investigations of the causes of thumbsucking were influenced by the psychoanalytic theory that the young infant derives erotic pleasure from stimulation of the membrane of the mouth, and that sucking is an innate drive which, if not satiated, will cause the child to continue to seek the

gratification he has missed, long after the period of early childhood.

One of the first to test this theory through research was Dr. David Levy. In 1928 he questioned mothers on the feeding routines of 123 children and concluded that the frequency of thumbsucking was higher in those infants who had shorter feeding periods. Following this study with an investigation of the sucking habits of puppies, he found that animals whose opportunities to satiate this basic need were inadequate sucked on all kinds of objects between meals—including towels, straws, their own and each other's bodies. Many other investigators subsequently obtained substantially similar results, supporting the idea that thumbsucking was a result of oral frustration.

Another series of observational findings pointed to the tremendous strength of this form of behavior in the early weeks of life. Obstetricians noted infants born with swollen thumbs; some who inserted fingers in

Mildred F. Rabinow is assistant in CSAA's department of parent group education and staff representative to the Association's Book Review Committee. She recently co-authored the pamphlet, "So You Are Adopted."

their mouths following the birth cry; others who sucked fingers in the early weeks of life. One study, by Balint, found considerable variation in sucking behavior from one infant to another but remarkable consistency in the sucking rhythm of the individual infant. This pointed to the concept of constitutional differences as a factor influencing sucking behavior.

"The Rights of Infants"

Following these came the studies directed by Dr. Margaret H. Ribble and reported in her book, *The Rights of Infants*, published in 1943. A great deal of the data was derived from observing the reactions of healthy newborn infants to various types of routine care. She states: "... aside from the intake of nourishment, this [sucking] function satisfies important psychological needs ... [the baby's] initial sense of security, of pleasure, satisfaction and success, is closely linked with his mouth activity ... It has been found that a large number of infants in the first weeks of life nurse quite contentedly without ingesting any great quantity of food ...".*

Dr. Ribble also concluded that sucking had a positive effect on respiration, circulation and muscle tone. She noted that excessive sucking habits were frequently seen in infants who were not held or fondled or "normally mothered." She summarized the primary causes of thumbsucking as, "First, the child has been frustrated in the early months so that he has not had free and satisfying sucking experiences. Second, he has not had enough mothering to relieve body tensions and to satisfy other stimulus needs ... To meet a sucking problem adequately, then, one needs to try first to discover the source of the tension, and second to supply the child with other means of relief."* Several other researchers also found that excessive sucking seemed to stem from organic discomfort such as colic, flatulence and difficulty in swallowing.

Learning theory

In the past decade, a series of research efforts on this subject have been postulated on a learning theory which states that sucking behavior is a secondary drive which is learned or strengthened through experience, and not an innate, biological one.

A study performed by Davis, Sears, Miller and Brodbeck in 1948 took the position that if sucking were instinctual, then babies fed only by cup from birth and who therefore had no opportunity to reduce their sucking drives in feeding would show more non-nutritional sucking than babies who fed on the breast, or on bottles with enlarged nipple holes. They observed that stronger sucking reflexes were found in the breast-fed babies, suggesting that sucking acquires habit strength and becomes satisfying in its own right through repeated reinforcement in feeding. Sears, Maccoby and Levin, in their study of patterns of child rearing, found that children weaned after eleven months had stronger oral drives and were more upset by the process than those children who were weaned before they were at least five months old.

Recent study

Most recent in the roster of large scale research efforts is a study by Drs. Alfred and Howard Traisman reported in *The Journal of Pediatrics* for May, 1958. Their subjects were 2650 infants and children seen in general pediatric practice, ranging in age from infancy through sixteen years. All were, or had been, on a demand feeding schedule and averaged six feedings per day for the first three months. (The investigators obviously eliminated any severely frustrated group.) They found that 45.6% of the total group became thumbsuckers—a proportion which held up for children who were breast-fed as well as those fed by bottle. Three-quarters of the children started thumbsucking by the time they were three months old and the others by the end of the first year. The sexes were equally represented among the children who sucked their thumbs.

*Ribble, Margaret A. *The Rights of Infants*, Columbia University Press, pp 22-34.

The children were divided into fast, average and slow feeders—the average and fast feeders took less than thirty minutes at a feeding, the slow feeders took between thirty to sixty minutes. It was in this latter group that 62.7 percent became thumbsuckers. The investigators suggested that this significantly higher incidence of thumb-sucking in infants who were allowed very long feeding periods indicates that a child will develop a stronger oral drive, the more stimulation he receives. They also discovered, however, that the children who sucked their thumbs *least* were found in the very small group (2.6 percent) of infants who sucked for more than sixty minutes at one feeding.

These doctors found that the average age at which the habit stopped was three years, eight months. No statistical relation was seen between thumbsucking and such factors as emotional problems, being an only child, being one of several siblings, or being an identical or fraternal twin. Of the thumbsuckers, 9.7 percent developed mal-occlusion, compared to 6.5 percent of the non-thumbsuckers, pointing to some—although very slight—relationship.

The effect of the use of pacifiers and the incidence of thumbsucking has been one aspect of a few studies. The evidence collected has pointed to the fact that of the children studied who used pacifiers, only a small percentage became thumbsuckers. However, no large scale study has been done on this subject.

Contradictions and variations

In addition to this research evidence, only a sampling of which has been cited above, there is also much theory and opinion based on the observation of individual children which would take us much beyond the scope of this article. Thumbsucking is obviously an area where enough disagreement still exists to provide the basis for many serious research efforts in the future. As a recent article in the *Journal of Genetic Psychology* pointed out: "the non-similarity of subjects, conditions and

experimental methods in the variety of subjects . . . undoubtedly contribute a great deal to the variability and seeming contradictions among the findings. It seems clear that better controlled experiments are required before many of the questions can be clarified."⁶

⁶Ross, S., Fisher, Alan E., and King, David. "Sucking Behavior: A Review of the Literature," *Journal of Genetic Psychology*, 1957, p. 73.

Continued on next page

Philip J. Zlatchin

The untimely death of Philip J. Zlatchin on July 2, 1959, was a great blow to friends and colleagues, as well as to his family. At his death he was Professor of Psychology at New York University's Graduate School of Arts and Sciences, where he played a significant part in its training program in counseling psychology. Since 1947, Dr. Zlatchin had been on the faculty of New York University, first as an instructor and lecturer, and then rising in rank to full professorship. He was also on the staff of the Postgraduate Center for Psychotherapy, and carried a private practice in psychotherapy.

For a number of years, Dr. Zlatchin had been leader of parent discussion groups at Child Study Association of America, and from 1957, served as a member of the Advisory Committee to its program of training of professional workers for leadership of parent groups. It was in these areas of his work that he was best known to the Association. Dr. Zlatchin brought to his work with parent groups a deep understanding of children, particularly the school-agers and adolescents. He had the rare ability to identify both with parents and children. Through his warmth, sympathy, keen diagnostic ability, gentle humor, sound knowledge of parents and children, and unusual teaching and group leadership skills, he helped members of his parent groups gain in understanding and appreciation of their children and themselves.

Dr. Zlatchin's special contribution to Child Study Association of America's parent group and leadership training programs will long be remembered.

Where does the weight of present evidence incline? The existence of an inborn oral drive is by no means ruled out, since the studies clearly support the fact that an infant readily reacts to stimulation by a sucking response. They also indicate that the strength of this response may be affected by individual, constitutional differences in sucking behavior, but that learning and habit can increase and strengthen sucking needs.

There is agreement that sucking is not solely related to hunger, some investigators noting that an infant's sucking motions become more frequent when tension is created by organic or emotional discomfort. The research also suggests that once a baby has learned to obtain food by sucking, severe frustration of his sucking needs may result in thumbsucking. It indicates, too, that for each child there is undoubtedly an optimal nutritional sucking time which *does* need to be satisfied. Beyond this point, however, there is evidence that a prolonged experience may increase the child's need and demand and create a thumbsucking

habit. Further, the findings point to the fact that delayed weaning does not in itself decrease thumbsucking.

Helping children grow

Modern parents have learned the basic lesson well—that insufficient early sucking experience may lead to thumbsucking. Perhaps the most salient point in all the newer evidence is that this may be only one of several possible causes. The studies point to an essential difference between a need and a habit—a child's sucking need may have been very well satisfied, and still he may thumbsuck. Knowing this, parents may feel freer to take advantage of the signs of readiness to give up the early intense sucking that their child may give them, and use these times to begin gradual weaning from the bottle, breast or pacifier. Or, when the child is a toddler, to help him free himself from his tendency to turn to the solace of thumbsucking and to find more grown-up ways of meeting his disappointments and tension.

To date, no significant large scale study has shown that thumbsucking *by itself* is a reflection of basic emotional disturbance, but ordinary observation makes it clear that young children do turn to this behavior in moments of stress, anger or loneliness, fatigue or boredom. It may help parents, however, to know that where thumbsucking does become established, there is evidence that the majority of children give it up by the age of four. Apparently, in most cases, the habit eventually takes care of itself. Where it does not, of course, it would need to be viewed along with the more complete picture of the child and his family and the special meaning thumbsucking may have for the child.

The value of re-examining child rearing theories from a broad research base to validate them or uncover new ideas is illustrated by these findings. Further careful, large scale studies on similar subjects will no doubt throw further light on many of the unanswered questions about the growth and development of children.

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Advancing cultural and scientific knowledge requires parents—and parent educators—to accept advice as tentative and of "probable, not ultimate, validity"

Changes and trends in child-rearing advice

By Orville G. Brim, Jr.

Advice to parents on how to rear their children surely constitutes the oldest category of content in parent education programs. The earliest historical records show that advice antedates presentation of purely factual information, observations of children, or other types of content. Yet, clearly, the advice at any one period has been far from uniform, and over the years many changes have occurred in the dominant trends and approaches.

Discussing child training advice in American parent education literature back to 1820, Sunley¹ points out that, apart from some relatively permissive feeding practices, early advice emphasized strictness. Toilet training was to be started early, and mistakes were considered disgusting; dirt was to be avoided; and masturbation was to be controlled, for it was considered a ruinous practice. Crying of a child was to be unanswered, the arguments being that crying was good for the child's lungs and that it was desirable to let him "cry it out" to break his will.

In general, these practices stemmed from the Calvinist view that a child is born depraved and that parents must force absolute obedience to free him of his evil nature. They also reflected the views of the "hardening school," stemming from Locke and Rousseau, which urged parents to bring out the naturalness and manliness of their child. At the same time, from other European sources came another approach—the child was considered a fragile creature, one who needed gentle discipline and kindly care. Sunley suggests that by the last part of the nineteenth century this point of view had gained much influence.

In two fundamental studies of the period following 1890 Stendler and Vincent analyzed articles on infant care and child management appearing in mass media such as

The following article has been condensed from a chapter in Dr. Orville G. Brim Jr.'s forthcoming volume, "Education for Child-Rearing," to be published some time in November by the Russell Sage Foundation. The book is an outgrowth of a three-year research project, Social Science and Parent Education, directed by Dr. Brim and jointly sponsored by the Child Study Association of America and the Russell Sage Foundation.

¹ Sunley, Robert. "Early Nineteenth Century American Literature on Child Rearing" in *Childhood in Contemporary Culture*, edited by Margaret Mead and Martha Wolfenstein. University of Chicago Press, Chicago 1955.

Good Housekeeping, *Woman's Home Companion*, and *Ladies Home Journal*. Stendler's work² characterizes the 1890 to 1910 period as one of "sweet permissiveness," and the 1910 to 1930 period as one of rigid discipline. Vincent's³ results strongly support those of Stendler, his results showing that earlier recommended methods of infant feeding and discipline were that feedings should be "loosely scheduled"; that in 1920, a large group said feeding should be "tightly scheduled," and that the child should "cry it out," while in more recent years the great majority recommended self-regulation and mothering. Other surveys confirm these general impressions.

Trends—and exceptions

The results of these studies describe dominant trends and central tendencies in the nature of advice to parents, but there were important exceptions. For example, while the onset of two decades of strictness in child care occurred about 1910, L. Emmett Holt's book, *The Care and Feeding of Children*,⁴ stressing strict, routinized care of the child, appeared in 1894. His advice was accepted by a majority of literate mothers for at least a generation, and undoubtedly was a primary cause of this subsequent period of strictness. Again, while John B. Watson's work in behaviorism attained professional significance during the 1920's, his book for parents, *Psychological Care of Infant and Child*,⁵ stressing strict and routine child care, did not appear until 1928, when Freudian theory was well in its ascendancy.

As a contrasting example, from about 1910 several important organizations such as the Child Study Association of America were stressing the importance of love, support, and an intelligent permissiveness in

child care, based on the work of Freud, G. Stanley Hall, and other leaders in the clinical movement. This emphasis antedated by some fifteen to twenty years the decline of the period of strictness and scheduling mentioned above, and these organizations must be considered to have played a significant role in setting the new trend.

These examples have dealt with forerunners of later trends. Examples of the reverse situation are also at hand. One current parent education program in the Midwest, which has both a mass media and a general advisory service for parents, gives advice which seems indistinguishable from that appearing during the early 1920's, and advocates strict "conditioning" of overt behavior in a manner reminiscent of the Holt and Watsonian approaches.

In sum, at any given time the analysis of the content of literature for parents seems to show both trends and the existence of remnants of earlier times and forerunners of things to come.

But is it science?

Why such changes over a seventy-five year period should have occurred in the advice to parents is considered by some to be an embarrassing topic for parent educators. Vincent raises the question of how advice regarding child rearing can change over a period of three decades to represent almost opposite positions, and yet be promulgated as scientific findings. Some have argued that were it possible to demonstrate that such changes clearly reflected new scientific research findings on child development, the changes could be justified as improvements in the same way as are changes in other fields of practice, such as medicine and engineering. But this is not the case in parent education; there seems to be no clear relation between changes in advice and advances in empirical research. As a result, parent education has been criticized in many quarters because of the many changes in advice regarding child-care practices.

² Stendler, Celia B., "Sixty Years of Child Training Practices," *Journal of Pediatrics*, vol. 36, 1950, pp. 122-134.

³ Vincent, Clark E., "Trends in Infant Care Ideas," *Child Development*, vol. 22, 1951, pp. 199-210.

⁴ Holt, L. Emmett, *The Care and Feeding of Children*, D. Appleton and Co., New York, 1894.

⁵ Watson, John B., *Psychological Care of Infant and Child*, W. W. Norton and Co., 1928.

A naive view

This criticism seems to us to be in error, and to arise from a naive view of parent education. At least two points are relevant. One is that the objectives of child rearing may change over time: parents, and parent educators as well, may gain new conceptions of the desirable child and adult. Child-rearing practices and advice to parents naturally would change to accord with the new aims, so that the parents might use the methods which science indicates are the best for these aims. To expect advice to remain the same in spite of changing parental aims now appears as unwarranted. A second point is that even if aims do not change, advice might change over a period and still represent the best knowledge of a given time. It is in the nature of science to discover fresh truths, to supplant the old with the new belief which, though it may have a higher validity, is itself still subject to change, a step in the advance of knowledge. It is where advice claiming to arise from science does not change over a period that one should suspect it of being whimsy or dogmatism.

Changing values

Yet why has the advice changed? In a recent article in *Children*,⁶ Milton Senn points out that there is a considerable lag between research in child development and its subsequent influence on matters relating to children, especially parent education.

Observing that practices in child care are never isolated from other important changes in this society, he suggests that the "impersonal" child-care practices of the 1910 to 1930 period were in large part the result of an effort to apply to human problems the impersonal, scientific methods then flourishing in such fields as the control of disease.

Sears, Maccoby, and Levin⁷ suggest that

during the nineteenth century public beliefs and values about children reflected both an aggressive male point of view toward youngsters—and an abundance of male ignorance about them. The authors suggest that as women became better educated and more active in public affairs, a change in the American value system followed. Women know now (and knew earlier), they suggest, a great deal about young children and were strongly motivated to improve their child rearing. As women gained in influence, they sought to correct obvious defects in educational procedures, and in disciplinary customs in the home, urging recognition and tolerance of children's limitations and their developmental characteristics. The impact of this influence on the American value system evidently was not to bear fruit in child-training practices until the 1930's and after.

Vincent indicates that the period from about 1910 to about 1930 was "the age of the mother": mother knew best, and her baby was subordinate in terms of scheduling. In contrast, the period from 1935 to 1945 might be called the "baby's decade," for here there was an increased frequency of articles devoted to the dangers of "psychological loss" to the child (lack of love, and the like), with no parallel increase of articles concerned with the mother. (Of course, the "age of the mother" may have been just a by-product of the Holt and Watsonian views dominant at that time, in

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⁶ Senn, Milton J. "Fads and Facts as the Bases of Child Care Practices," *Children*, vol. 4, 1957.

⁷ Sears, Robert R., Eleanor E. Maccoby and Harry Levin, *Patterns of Child Rearing*. Row, Peterson and Co., Evanston, Ill., 1957.

that the patterns of strict discipline and scheduling, advised for the good of the child, also worked out to the benefit of the mother herself.)

A fourth explanation of changes in child care is concerned with the change from strict to more permissive patterns. Escalona⁸ suggests that the belief in an orderly, strictly scheduled existence from early childhood on, was a highly rational approach reflecting advances in the natural sciences which made it seem possible that bigger and better children might be produced. (She notes that this did not necessarily involve any aspects of affection, as scheduling or non-scheduling can be unrelated to the amount of affection shown to the child.) In more recent years, she points out, our society has lost its earlier, naive sense of mastery over the world in which we live—a change reflected in the decline of the “technical mastery approach to the child and an increased effort of willingness on the part of the adult to meet the needs of the younger child rather than master them and guide them.” Again, this suggests that the more recent changes in child care reflect changes in the larger culture, rather than changes in the scientific knowledge of child-training procedures.

Not discouraging

It should not be discouraging that changes in advice to parents have occurred. They reflect the improvement of current scientific knowledge, and also mirror changes in values regarding the desirable man. Even though it seems impossible to assess the relative influence of changes in cultural values versus new scientific findings regarding child development, one can hardly doubt that both have contributed to the changes in advice.

The continuing changes in knowledge and in theoretical explanations of child development spanning almost a fifty-year period have made parent educators far less

likely to look upon their present understanding of personality development in children, and the effects of parents on children, as final or absolute. Confronted with a continuous growth of knowledge regarding parent-child relations and personality development, the parent educator's solution must be to accept what now seems valid, on the basis of the best available evidence, and yet be prepared to change. This approach toward the advice they transmit to parents is now taken by most leading parent educators.

Away from dogmatism

Ralph Ojemann of the State University of Iowa was perhaps the first to recognize during the 1930's that the solution to inadequate knowledge of child development was to present the knowledge to parents with accompanying probabilities of its effectiveness or validity. Over the past twenty-five years this point of view has developed to the degree where it supersedes earlier dogmatic positions dating from a generation or more ago. Vincent's analysis of 298 articles pertaining to feeding practices between 1920 and 1949, shows that for the period 1920 to 1924 some 65 per cent of the articles were dogmatic or absolute in their statements, and 10 per cent were suggestive, providing alternatives. In contrast, for the period 1944 to 1949, only 17 per cent were dogmatic and 40 per cent suggestive. Although there are still some who give “rules” or “laws” rather than hypotheses, the shift is clearly away from giving dogmatic advice toward a greater suggestion of alternatives.

At the beginning of the decade of 1920 when the parent education movement in this country was moving toward the heights of its expansion, it was hoped that the newly established child development stations—such as the Iowa Child Welfare Research Station—would through research discover child-rearing practices which could be directly transmitted as advice to parents. The parent was viewed as an uncomplicated bit of machinery giving neither resistance

⁸ Escalona, Sibylle, “A Commentary Upon Some Recent Changes in Child-Rearing Practices,” *Child Development*, vol. 20, 1949, p. 157.

nor difficulty, into which new rules, in the form of expert advice, could be put, and then superior child-care practices produced. This naive model of the simple rational man was soon shown to be inadequate.

"Probable, not ultimate validity"

It has been argued that using "rules" as content in parent education has resulted in an increase in parents' dependency on professional students of human behavior, especially where the parent is detached from his original cultural milieu through social or geographic mobility. This dependency is usually accompanied by rigidity or inflexibility in child care, by a decrease in creativity and in spontaneity on the part of the parent. Where the advice involves feelings within the parent-child relationship (which are less easily controlled, if at all, by conscious effort) the additional result may be to increase feelings of guilt if a parent is unable to behave toward his child in accord with the best current advice.

The trend toward giving child rearing advice in terms of suggestions and hypotheses should mitigate some of these effects. Where the effort is made to indicate the probable validity of the advice given, the parent educator not only maintains his own scientific integrity, but cultivates in the parent himself an attitude of scientific inquiry.

The parent is less likely to become wholly dependent on the experts; also he no longer reflects the best information available simply because that information turns out in some instances to be wrong. His objective has been to provide the parent with a repertoire of problem-solving skills which have a higher probability of success than the folklore and precepts of cultural tradition, and yet which do not *promise* success. At the same time, the parent educator hopes to avoid giving the idea that the advice is based on final knowledge about child rearing, in turn reducing the likelihood that the parent will become either inflexible or disillusioned about the value of child development research. This approach holds much promise for the future.

In sum, studies of advice to parents during the last century and more have shown that changes have occurred which seem to parallel changes in the child-rearing objectives of parents and improvements in knowledge of child development. Parent educators and many parents now hold the wiser view that each age utilizes the best information it can, and that advancing knowledge brings change. As a consequence, also, the educator and parent respectively give and receive advice with the mutual understanding that it is always of probable, not ultimate, validity.

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Parents of young teenagers say —

The following is a condensed summary of a first meeting of a parent group conducted in a program supervised by the Department of Parent Group Education of the Child Study Association of America. As in other first meetings of continuous discussion groups, the parents opened up a variety of subjects and ideas which they were to develop in the course of subsequent meetings.

This report is presented because the subject the group began to explore in this discussion is one that is of concern to many parents of children of this age. It is printed with the consent of the group. Some details have been altered to assure the anonymity of the meetings, but the main course of the content has been maintained.

Twenty mothers were gathered around a large table to discuss their young teenage children, aged thirteen to sixteen. Since this was the first in a series of ten weekly meetings, the leader introduced herself and briefly explained the way in which the group meetings would be conducted. She then asked the mothers to introduce themselves, observing that it would help them to get to know one another if they mentioned the ages and sexes of their children and suggested some of the things they wanted to talk about during the series.

After a slight pause, the mothers started as she had suggested, some shyly and others with more assurance, by identifying their children. "My boy's just thirteen" or "Susan will be fifteen soon," they began. They went on to mention a wide range of subjects they wanted to discuss. Some were general: "I'd like to know more about children of this age," or "I'd like to get a better perspective and find out how other

parents feel about things," or "These sudden moods, these ups and downs puzzle me and my husband; do other youngsters act this way, too?" Other questions were more specific: "Should my twelve-year-old daughter wear high heels and lipstick?" or "Jimmy isn't working up to his capacity at school and doesn't seem to care. Is there anything I can do?" In addition, a number expressed their annoyance over their youngsters' behavior—their sloppiness, rudeness, rebelliousness etc.

When they had finished, the leader summarized the points the group had mentioned, and asked where they wanted to begin. Without hesitation one of the mothers burst out, "I'd like to talk about this sloppiness, it bothers me so." Another mother nodded vigorously, and in a moment there seemed to be unanimous agreement from the others that this, too, was something they'd like to look into. By now the pace of the meeting had speeded up and there was an air of excitement in the room. The leader picked up their cue and asked the group to tell about their children.

"How can they ever FIND anything?"

Responses came quickly. Several mothers offered graphic accounts of their youngsters' completely untidy, cluttered up rooms. "How can they ever *find* anything?" they lamented. Things were just thrown everywhere and every which way. When the children came home from school they never hung up their clothes. Some even left galoshes or school bags right in the front hall where people would trip over them. One fourteen-year-old boy's clothes

and belongings were kept in a hopeless mess—except for a stamp collection. This, inexplicably, was always in perfect order, neat and accessible.

Another mother asked bitterly why her two girls, thirteen and fourteen, were neat and tidy at camp, and yet were impossibly careless at home. Quite a few others expressed irritation on the same point. At camp the children made their beds every day without question and even were prepared to have beds inspected, but at home—oh no! Beds were covered without being aired, the covers were just pulled over, and sometimes the beds weren't made at all! At this point, a mother of two boys offered the others a bit of encouragement. "Maybe it takes time with some," she suggested. "My oldest boy, now fifteen, has changed overnight. He used to be so untidy I couldn't bear it. Now he's getting to be neat and organized in every way. Heaven forbid if anyone *touches* anything of his!"

Satin, silk—and sneakers

The inconsistencies of personal cleanliness, grooming and styles of clothes came up next. They all agreed with sighs that it was a struggle to get these kids to bathe. As one mother of a fourteen-year-old boy put it, "I've accepted the fact now that dirt is just part of my son but the funny thing is that however grimy he is underneath, his hair is always slick. And he goes to the barber regularly and likes to wear nice ties." Others had experienced this inconsistency too. The matter of sneakers was a sore point. Why did the girls *have* to go about in sneakers, preferably old and dirty ones? Several mothers admitted with some embarrassment that their teen-agers even went to parties all dressed up in pretty clothes but still wearing those miserable sneakers! "Besides," another mother added angrily, "sneakers aren't good for the feet!" Other examples of their children's odd behavior about clothes were being exchanged when one of the mothers suddenly turned to the group and asked, "Why *do* children of this age have to be

so sloppy?" Picking up her question, the leader asked the group what they had been thinking about this.

"This is ME"

The question stirred up a variety of opinions. Some thought that children had so many things to do each day that it really was hard to tidy up in between their different activities. The pressure on the youngsters were plentiful. As the mothers began to look at this side of things, there was more of a note of sympathy and understanding. Perhaps the rapidly growing youngsters were too tired and just wanted to "flop" when they came home from school. One mother said thoughtfully that children do need privacy and separateness and a place to "let go" in. Just that week, another added, her daughter had said, "This room is what I am . . . this is *me*." The mother who couldn't understand why her boy of thirteen was tidy at school and camp but wouldn't hang up his clothes at home, said he had pleaded, "Can't I be *myself* at home?"

The leader summarized much of what the mothers had said and encouraged them to look further at what the facts they presented might mean in terms of the child's growth and development. Following this lead, a few mothers felt that sloppiness might be also a sign of children's need to be accepted by the group—"to be like the rest of them"—as with the sneakers. Still others felt that it was a form of rebellion, particularly if the parent cared about or insisted on neatness. It was expressed this way with some humor by a mother of two young adolescent boys. "They need to get a rise out of us," she said. "They need to say black if you say white . . . they don't want to cooperate." "It could also be a way of getting attention," said another. Finally, one mother added that perhaps the difference between adult and adolescent standards played a part. "It doesn't bother *them* but it bothers *us*."

At this point the leader asked the group what it was about the sloppiness that

troubled them. For a moment no one spoke, and then everyone began to talk at once. One mother ventured, "We worry about what others will think; it will reflect upon us." Another added, "I'm ashamed when anyone comes into my apartment and it isn't neat." A mother of three boys felt that mothers of daughters seemed to be more worried about neatness than mothers of sons, and wondered whether this could be a mother-daughter problem. This caused quite a stir with many differences of opinion. Then a mother went on to say she was so afraid that maybe these sloppy ways would continue and be perpetuated into adult life. How would these girls ever be able to keep house?

Easing the tension

Here, several parents recalled their own youth and adolescent carelessness. The mother of the three boys observed, "Mother did *everything* for me but when I got married and had to keep house, cook and clean up, *then* I was motivated; I worked and managed to do these things quite well . . . Perhaps sloppiness is just a stage; when they see the need for it they too will be neat." This seemed to ease the tension for a moment. Several began to say at one time that perhaps parents might relax and compromise on certain aspects of

the problem. Maybe the teenagers' rooms could *be* their castle and if company arrived they should just shut their doors.

Others didn't accept this so easily. Parents were justified, they said with conviction, in demanding neatness where it affected *other* members of the family. They gave a specific example—insisting on taking galoshes, school bags, coats etc. from the front hall—"for, after all, children need to be aware of other people's feelings and be sensitive to the needs of others."

The mothers seemed to be feeling less tense and were sitting back more easily in their chairs. The leader observed that time was running short. She underlined the fact that the point of view the group had expressed had a hopeful note and then briefly summarized the session. The discussion, she pointed out, had indicated that the problem was quite universal, and that the group had suggested what others too had found—that perhaps being sloppy was even a necessary step in the adolescent's striving toward individuality. She added that they had really only begun to look at the many implications of this phase of their children's behavior, and that these could be picked up at other meetings as the series went on, if they wished.

The mothers continued to talk in small groups as they left the room.

Interpretive comment

This is an interesting account of the way in which a group of mothers began to use a discussion group as a learning experience. They had come to the meetings out of a common purpose, to discuss the questions that arise in living with young teenagers. This had been made clear in advance in the announcement that had been circulated in the community.

The statement had also indicated the way the meetings could be conducted, through discussion based on the interests of the members. This implied that there would be no set curriculum prepared by the leader in advance.

As the above report makes clear, the leader reinforced the original interpretation of the printed statement in her opening comments.

She then went on to put the theory into practice by asking the parents to identify themselves and to tell some of the questions they would like to discuss during the series. The variety and range of interests they expressed is typical of many opening sessions. What is unusual in a first meeting is the speed with which the parents settled on one topic which seemed to be of concern to all of them, and remained focused on it throughout the rest of the discussion. This unanimity of interest made it possible for the leader to help them to look at the subject not only in considerable detail but from different points of view.

Clearing the air

Even as the mothers began to describe what it was they were finding, they voiced their irritation, annoyances and sense of frustration. This seemed to clear the air, as such expressions of feeling often do. After this they seemed to be able to talk a little more objectively. Gradually they began to build up a picture of behavior that seemed to be not uncommon for boys and girls of this age. Yet there were differences, too, and changes that suggested that these young people might not always continue to act this way.

It was when a mother raised the rhetorical question, "Why *do* children of this age have to be so sloppy?" that the leader turned the group's attention to the real question of the meaning of sloppiness for the young people themselves. Out of their experience and ideas that were perhaps half formulated before, the mothers offered many possible interpretations, all related to more basic aspects of their children's growth and development. Some of these comments were expressed in intellectual terms, others had the ring of vivid, recent happenings. Interestingly, the report notes that the mothers talked at this point with more "sympathy and understanding"—as if the very exercise of thinking in a more directed way opened up a new appraisal of *causes* of behavior and, with it, a different kind of feeling response to their children.

The critical point

The critical point of the discussion seemed to have come when the leader next asked what it was about the sloppiness that troubled the parents. In doing this, she directed the group's

attention to another facet of the complicated interplay in families around any kind of common situation—their own feelings, not merely of annoyance and irritation, but more deeply their expectations, hopes and fears. These they began to express at many levels—in terms of their memories of their own childhood experiences and later adjustments, of their thoughts for their children's future, and of their own role in the present. While the discussion was not completely rounded out it showed the group's willingness and ability to think about a topic from many different aspects. One would hope that the mothers learned from this opening session that these meetings could not offer them final answers, but would gradually give them a wider framework of understanding in which each one could work out answers for herself and her family. It was a good sign that "the mothers continued to talk in small groups as they left the room."

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Parents' Questions

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Preparing for the new baby

My little girl will be just eighteen months old when my second child will be born. I'd like to prepare her for the coming of the new baby but I don't think she could possibly understand. Have you any suggestions?

Mrs. A. R. N.

It's understandable that you would want your little girl to know in advance that there will be a new member in the family. You are probably thinking that if she knows ahead about the big event, she may not be so overwhelmed by it. And yet it is hard to know how much a little one like yours can understand.

It may help if you see that there are three parts of the experience that may be difficult for her, and then try to meet each part in its own terms.

First, there will be the fact that you must leave to go to the hospital, and that she will surely mind the separation. For this you can prepare her. Arrange times, if you have not done so already, when you have a friend or relative or baby-sitter stay with her while you go out. Be sure to tell her that you are going and that you'll be back after a while. The exact time won't mean anything to her, of course. The main thing is that she knows that you go away *and*

that you come back. If it's possible, leave her sometimes with the person who will stay with her while you're at the hospital. This is the best kind of preparation—an advance rehearsal, as it were—from which she learns to accept a situation and to cope with it.

Obviously one can't give the same kind of rehearsal for the other two parts—bringing the new baby back with you, and having to give him your attention. Yet to a degree she is already having to share your attention. Even now, there are many times every day when you are doing things that do not focus directly on her—attending to household chores, talking on the phone, for example. And she knows too that there are other people in your life—your husband, relatives, friends. She may fuss at times when you don't come as quickly as she would like or when the other people seem to take all your attention. The important thing is to help her feel that she is not excluded, that you are aware of her needs and are looking after her, even if she hasn't all your attention *all* the time, and that *her* moment will come when she will be alone with you—for a while. Actually this is the pattern you will want to follow after the baby comes, too.

There still remains the main part of your

question, preparing her for the new baby himself. Some parents have handled this quite directly. They have felt that children under two often understand more than we think they do, and that we underestimate this because they can't yet communicate in words in return. So they have told them a little in advance that there is going to be a new baby in the home, shown them the crib and the clothes, and said that Daddy and Mommie and Debbie (or whatever) and the new baby would all be there together.

Even though the child may not get the full import of what they are saying, some of this may make an impression. And in the very telling, the parents are setting up an atmosphere of sharing that surely must make the little one feel part of whatever may come for the family. This is something you may want to try.

"Try and stop me!"

I can't imagine what has happened to my fourteen-year-old son in the past year. He used to be considerate and well-mannered. Now he has taken up with some boys who are rough and boisterous. Swears a lot, teases his sister. He runs out after supper without a word of leave-taking, and if I make a comment or inquire why he is rushing out he takes the attitude: "Try and stop me!" Our house seems to have become a boarding place run for his convenience. In school he has made track, his grades are good, and his teachers have not complained about his conduct. Is this, then, our fault? Can we do anything to change this?

Mrs. L. M. R.

Your description sounds as though your son is going through the typical adolescent rebellion, feeling his way towards being an adult and yet in many ways still tied to childish ways of thinking and feeling. His turning to a rougher group may be only

because he has not found in high school the kind of companions he had in elementary school; or it may be that the new ones fit in with his need to be self-assertive and not remain your good little boy. As long as the crowd avoids delinquency and doesn't turn your boy away from studying and some cultural activities, you probably don't need to worry. This can be a toughening up that he may need. That he confuses swearing and smoking with being grown up is common at this stage. Perhaps, too, you are clinging to ideals of behavior no longer appropriate for your boy.

This is the age when boys go in for "strengthening" exercises, with barbells and athletics. Through play and social activities they try to bring under control the emotional feelings and fantasies that result from the onset of puberty. Teasing his sister possibly goes along with a dawning interest in other boys' sisters; or it may be an indication of his uncertainty as to how to deal adequately with girls. And his abrupt leave-taking as soon as he has finished eating, is probably an indication that he doesn't feel up to discussing or arguing with you about his plans or activities.

You'll probably have to grin and bear it for a while. The most you can do is to try to understand his needs. Be watchful, but not critical; and be the best friend you can to him when he will give you the opportunity to do so.

Quarreling at meals

Mealtime in our home has become the scene of incessant bickering between my two sons, aged six and eight. My wife says the boys need to "express their rivalry." After a tiring day I feel less tolerant about all of this. Is there something a weary father can do to make dinners more peaceful, short of a staggered meal schedule?

Mr. J. O. L.

If this kind of bickering is chronic in the boys' relationship or if the major feeling between them is one of irritability or a sense of needing to win over the other, it would be important to take a sharp, critical look at some of the reasons for this behavior. Is either boy facing difficulties in school or social relationships that make him feel overwhelmingly outdistanced by his brother? Do you and your wife tend to indulge one to the detriment of the other?

But, if you feel that your boys have a sound relationship, then this may be a matter of management rather than of meeting any deep inner resentments. Sometimes parents fear that repression of any angry or negative feeling is harmful. But children need to know that we see the difference between deep, hurt feelings and behavior that may be just annoying nonsense. If

basic relationships are normal, it isn't necessary to give children of this age license for unrestrained expression. Children can be helped to control much of this impulsive behavior without damage to themselves and can learn to assert themselves in more acceptable ways. You certainly deserve a fairly civilized atmosphere at the dinner table. Your sons would undoubtedly be happier, too, if mealtime met their needs to feel close to you and a part of a genial family foursome.

Make your expectations clear to them, and refuse to arbitrate on really silly arguments. Include the boys in your general conversation, and get them to talk about things that interest them especially. And insist on your belief that they are capable of behavior that will make mealtime enjoyable for all of you.

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A fable of ogres

By Selma H. Fraiberg

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There once was a boy named Frankie who was going to be the very model of a modern, scientifically reared child. His mother and his father consulted the writings of experts, subscribed to lecture series and educated themselves in all the rites and practices of child rearing sacred to these times. They knew how children develop fears and neurotic symptoms in early childhood and with the best intentions in the world they set out to rear a child who would be free—oh, as free as any child can be in this world of ours—of anxiety and neurotic tendencies.

So Frankie was breast-fed and weaned and toilet-trained at the proper ages and in the proper manner. A baby sister was provided for him at a period in his development best calculated to avoid trauma. It goes without saying that he was prepared for the new baby by approved techniques. His sex education was candid and thorough.

The probable sources of fear were located and systematically decontaminated in the program devised by Frankie's parents. Nursery rhymes and fairy tales were edited and revised; mice and their tails were never

parted and ogres dined on Cheerios instead of human flesh. Witches and evil-doers practiced harmless forms of sorcery and were easily reformed by a light sentence or a mild rebuke. No one died in the fairy-tale world and no one died in Frankie's world. When Frankie's parakeet was stricken by a fatal disease, the corpse was removed and a successor installed before Frankie awakened from his afternoon nap. With all these precautions Frankie's parents found it difficult to explain why Frankie should have any fears. But he did.

At the age of two when many children are afraid of disappearing down the bath-tub drain, Frankie (quite independently and without the influence of wayward companions) developed a fear of going down the bath-tub drain.

In spite of all the careful preparations for the new baby, he was not enthusiastic about her arrival and occupied himself with the most unfilial plots for her disposal. Among the more humane proposals he offered was that the baby should be taken back to the dime store. (And you know how thorough his sex education had been!)

And that wasn't all. At an age when

other children waken from bad dreams, Frankie also awakened from bad dreams. Incomprehensibly (for you know how ogres were reformed in Frankie's nursery) Frankie was pursued in his bad dreams by a giant who would eat him up!

And that wasn't all. In spite of the merciful treatment accorded to witches in Frankie's education, Frankie disposed of evil-doers in his own way when he made up stories. He got rid of witches in his stories by having their heads chopped off.

What is the point of this modern fable? What does it prove? Doesn't it matter how we rear a child? Are the shibboleths of modern child rearing a delusion of the scientist? Should we abandon our beliefs about feeding, toilet-training, sex education as matters of no consequence in promoting mental health?

Parental wisdom and understanding in the conduct of feeding, toilet-training, sex education, discipline, serve the child's mental health by promoting his love and confidence in his parents and by strengthening his own equipment in regulating his body needs and impulses. But the most ideal early training does not eliminate all anxiety or remove the hazards that exist everywhere in the child's world and in the very process of development itself.

We should not be shocked—for there is no way in which children can be reared without experiencing anxiety. Each stage in human development has its own hazards, its own dangers. We will find, further, that we do not always serve the child's mental health by vigilantly policing his environment for bogies, ogres and dead parakeets. We cannot avoid many of these fears. Nor do we need to. We do not, of course, deliberately expose a child to frightening experiences and we do not give substance to the idea of bogies by behaving like bogies ourselves, but when bogies, ogres and dead

parakeets present themselves, it is usually best to deal with them in the open and to help the child deal with them on the same basis.

We are apt to confuse two things. Anxiety is not in itself a neurosis. Frankie, of our fable, is not to be regarded as neurotic—not on the basis of this evidence. Is he afraid of the bath-tub drain? Many two year olds share this fear. It is not necessarily an ominous sign. Has he bad dreams about a giant? Nearly all pre-school children have anxiety dreams of this type occasionally. Doesn't he like his baby sister in spite of the expert preparation? Preparation for a new baby is essential and makes things easier, but no amount of preliminary explanation can adequately prepare a child for that *real* baby and the *real* experience of sharing parental love.

Solving "the ogre problem"

It is not the bath-tub drain, the dream about the giant or the unpropitious arrival of a sibling that creates a neurosis. The future mental health of the child does not depend upon the presence or absence of ogres in his fantasy life, or on such fine points as the diets of ogres—perhaps not even on the number and frequency of appearance of ogres. *It depends upon the child's solution of the ogre problem.*

It is the way in which the child manages his irrational fears that determines their effect upon his personality development. If a fear of bogies and burglars and wild animals invades a child's life, if a child feels helpless and defenseless before his imagined dangers and develops an attitude of fearful submission to life as a result, then the solution is not a good one and some effects upon his future mental health can be anticipated. If a child behaves as if he were threatened by real and imaginary dangers on all sides and must be on guard and ready for attack, then his personality may be marked by traits of over-aggressiveness and defiance, and we must regard his solution as a poor one, too. But normally the child overcomes his irrational fears. And

here is the most fascinating question of all: How does he do it? For the child is equipped with the means for overcoming his fears. Even in the second year he possesses a marvelously complex mental system which provides the means for anticipating danger, assessing danger, defending against danger and overcoming danger. Whether this equipment can be successfully employ-



ed by the child in overcoming his fears will depend, of course, on the parents who, in a sense, teach him to use his equipment. This means that if we understand the nature of the developing child and those parts of his personality that work for solution and resolution toward mental health, we are in the best position to assist him in developing his inner resources for dealing with fears.

Children's books: Why don't they look their age?

By Josette Frank

In the bewildering array of new juvenile books that deck the bookshop counters each year (upwards of 1500 new titles annually), how is the would-be purchaser to know which book is suitable for what age? This is a question that vexes publishers and booksellers as much as it does parents and other gift-givers of children's books.

Most bookshops attempt some age-group arrangement on their shelves and counters. The publishers have tried to be helpful by printing on book jackets, inconspicuously and in code, an approximate age range. That tiny figure, "070 - 120," in a corner of the jacket-flap, is supposed to communicate secretly to the sales clerk and the purchaser that the book is suitable for seven- to twelve-year-olds. This effort to protect the sensibilities of young readers who don't want to be so tagged is praiseworthy, though of course the code was broken long ago by this generation of sophisticated children! As a rule, however, the publisher is over-ambitious, and stretches the range to

take in the greatest number, making the code numerals unsatisfactory guides at best. On the other hand, to print an age range conspicuously on the jacket is to limit the usefulness of the book: a slow reader of nine might welcome a lively six-year-old book if its age weren't blazoned for all to see. An eight-year-old complained of one popular favorite: "I wish they didn't put 'For the Nursery Age' on the cover; otherwise I would like this book very much!"

Many books, especially picture books, carry no such jacket guide, nor even a jacket "blurb" that might indicate their readers' age. The sales clerk, often familiar neither with children's interests nor with children's books, must therefore guess a book's age suitability by its looks. And in children's books, looks are often deceiving!

Some of the most beautiful and distinguished books in recent years have appeared in formats whose very attractiveness suggests a lower age readership than the text will reach. For example: Ruth Krauss'

beguiling little book, *A Hole is to Dig*, attracts the parent of a three-year-old who is only bewildered by it. If there is also a six-year-old at home he will, no doubt, find it delightful. Otherwise, mother had best put it away to bring out again later. The full-page, exquisitely colored pictures in Robert McCloskey's Caldecott Medal book, *Time of Wonder*, commend it to parents of five-year-olds, but the story is for eights and nines. *The Whiskers of Ho-Ho*, William Litterfield's charming Chinese whimsy, would go over the head of the five-year-old whose parents will get it for him. The d'Aulaires' glorious *Magic Meadow*, which tells the story of Switzerland so superbly, may overwhelm the seven-year-old who will pick it up—and not attract the nine-year-old who would enjoy it greatly.

Books for older children

In books for older boys and girls, too—even when there are no pictures—the format or the jacket often belies the age for which a book is intended. Lorenz Graham's *South Town*, which received the Child Study Association's 1958 award for its serious treatment of a social problem, will, because of its jacket and format, be given to eleven-year-olds. A serious thirteen-year-old reader might miss this fine story because it looks like a "child's book."

This is true, also, of *The Big Wave*, a profound and moving book by Pearl Buck, which looks younger than its ten-to-twelve range. *Tistou of the Green Thumbs*, a wonderful allegory of the meaning of life, may miss its ten-year-old reader because of its child-like appearance.

Especially among the informational books, parents are apt to find unfortunate discrepancies between the look and the book. A praiseworthy effort to make factual books inviting often results in their inviting the wrong reader. In the long series of *First Books*, many are really that—an early introduction to their subject. In some, however, the title itself, no less than the young format, is misleading. Only a reader with a good background in history and social stud-

ies will be able to appreciate Louis L. Snyder's thoughtful *First Books of World War I and II*. So, also, the *First Book of the Supreme Court* by Harold Coy, an excellent and accurate presentation, is neither a first book on this subject, nor suitable for the age it appears to address. A music-loving ten-year-old, attracted to the large and beautiful *Wonderful World of Music* will find himself deep over his head in some sections. At fourteen he might welcome this book, but will he pick it up then?

Individual differences

How to make children's books look their age is, of course, no simple problem to solve. It is further complicated by the disconcerting individual differences among young listeners and readers of any age. A four-year-old may listen with joy when his nine-year-old brother reads aloud his favorite Dr. Seuss extravaganza—perhaps *Yertle the Turtle*—a modern parable the four-year-old will surely not understand, but whose rollicking verse and humorous pictures may delight him. There are no prescribed rules about what any child may enjoy or reject at any age. But the frustrating experience of carefully choosing the right book for the wrong age is discouraging both to the giver and the receiver—and often a terrible waste of a mighty good book. It is, perhaps, one reason why many book-buying parents, uncles and grandmothers fall back on the known titles of their own childhood reading: *Pinocchio*, *Heidi*, *Gulliver's Travels*. Even here they often mistake the age at which they themselves read these treasures, and give them long before it is time.

There are no ready answers. Parents and other purchasers of children's books would do well to look beyond format and illustrations, and read a bit of the text with the particular child in mind. One might plead, too, that publishers, illustrators, book designers and authors coordinate their already prodigious efforts to the end that, among the many things their book has to be, it will also look its age.



Book Reviews

New Ways in Sex Education
By Dorothy Walter Baruch
New York: McGraw-Hill, 1959. \$4.75

The basic propositions of this book are surely valid. Indeed they have for so long been put forth in one form or another to readers of this periodical and members of the Child Study Association, that one feels somewhat chagrined to have them labeled "New Ways" in sex education. Whether familiar or not, however, these propositions are of such significance to parents in bringing up their children, that perhaps they need to be stated over and over again.

Dr. Baruch does this. In her forthright, almost insistent manner, reinforced by eye-catching typographical tricks, she stresses the point that education is far more than the communication of facts, and that information about sex is especially emotionally charged both for parents conveying it and children receiving it. She delineates graphically and often poetically the long history of sexuality within a human being—from the cuddling, suckling satisfactions of infancy through childhood fantasies and adolescent conflicts to a mature adult's capacity for untroubled acceptance of marriage as a sexual partnership, freely enjoyed in every aspect.

The converse of this delineation is obvious and needs also to be stated: at any stage of development a child's progress can be blocked or distorted and his capacity for full, rich enjoyment of his body smothered by feelings of shame, guilt and anxiety. Dr. Baruch has, unfortunately, let this side of the coin absorb her attention to a degree that makes the book as a whole unsound. In instance after instance she presents vignettes of married partners whose

enjoyment of each other is impeded or precluded by the way in which their own childhood needs were misunderstood. While it cannot be denied that there are many such among us, this book fails to recognize the clear evidence that many adults have survived a less than ideal sexual apprenticeship and have learned to live happily without the complete overhaul or even without the complete understanding which this author would demand of them.

More serious criticisms can be limited to two categories. The first is that of attributing dire consequences to a single aspect of parental handling. In anecdotes and case histories, many of which sound contrived and not too credible, Dr. Baruch gives cause and inevitable effect: a case of delinquency is traced to late toilet training, immature adult sexuality to sleeping in the parents' room. The author's clinical experience no doubt has disposed her to emphasize deviant development. This is, however, a book written for parents and teachers and in such a book this approach can be misleading and dangerous since the abnormal becomes equated with the universal normal. Besides, we are today seeing overwhelming evidence of the impossibility of viewing parental handling in isolation from the full tone of a relationship.

The second serious criticism can perhaps also be traced to the same door. Her book states, in heavy bold-faced type: "Sex Facts Are Better Absorbed When Hidden Fantasies Do Not Stand In The Way." And, "Children Talk Least About What They Fear Most. Bringing It Into Speech Helps To Take It Out Of Mind's Worries." At first glance these two statements appear to be incontrovertible. As the author expands her material, however, it becomes clear that she has turned these concepts into tools, suggesting that parents should use them—as a surgeon's knife. To cut away diseased tissue, to expose pathological material, is perfectly legitimate when it is necessary. To cut into *all* tissue, to expose *all* material is more than questionable. In this reviewer's opinion, it is more than unwise, it is *wrong* to suggest to parents that they must always bring out the substance of every fear; wrong to suggest that they must not only understand and recognize but get their child to understand and recognize the oedipal factors, for example, in his ties to either parent. So far as we know, the Oedipal Complex is indeed complex, and in normal growth and development is resolved on a largely unconscious level. Only when things are badly awry

—and often not even then—should the unconscious be dredged to expose and eradicate obstructions. Dr. Baruch, by her examples, would have parents, not therapists, doing this dredging in normal, not pathological, situations.

And for fantasies as for fears: we do not know altogether what useful purposes they serve. Perhaps some dark childish desires are best kept as unconscious fears if the individual is to become civilized as well as adult; perhaps fantasies, however begotten, serve a useful purpose for children in helping them out of the early magic world of omnipotence into a more—or less—rational universe. These fantasies have value and should not in all cases be so coolly and thoroughly disposed of.

To parents who may read this book, I would make a plea: Recognize that your child has emotions, that sometimes they are painful and often compelling. But DON'T force him to face up to every painful fact and DO let him have a little privacy!

HELEN STEERS BURGESS
for the Book Review Committee

Television and the Child

By Hilde T. Himmelweit, A. N. Oppenheim and Pamela Vince

London: Published for the Nuffield Foundation, Oxford University Press, 1958.

\$6.75

At long last, here is a major definitive study of the impact of television on children and young people. It is, perhaps, ironic that the first such study should come from Great Britain whose television problems are so much more recent than ours. Actually, however, it was this very recency that enabled the researchers to set up control groups of non-viewers as late as 1955, when it would have been difficult, if not impossible, to find such groups in the United States.

Under the sponsorship of the Nuffield Foundation, a total of 4500 children were studied, in two age groups—ten- to eleven-year-olds and thirteen- to fourteen-year-olds—covering a wide socio-economic range. The report also includes some of the reactions of younger children, based on interviews with parents. The goal was to assess television's effects on such vital matters as children's reactions to crime and violence, the stimulation of fear and anxiety,

changes in social attitudes, recall of information, and the effects on cultural interests and tastes, use of leisure, amount of reading, sleep and eyesight, homework, school achievement, and family life.

The findings are, in many respects, reassuring: for example, that television stimulates rather than reduces reading; does not lead to passivity or over-aggressive behavior; does not dull the imagination.

At the same time, there are sharp warnings on the cumulative effects of television, especially with respect to values: "Children's interests can be extended by what they see . . . and their understanding of situations and people outside their immediate experience broadened. But by the same token, if the values portrayed on television . . . give a stereotyped and one-sided view of societies and groups, these values too will be absorbed . . . Each programme makes only a small effect, but the total is considerable."

In studying youngsters' reactions to violence and aggression, the investigators found that "children are not so much frightened by the amount of violence shown and the physical seriousness of its consequences, as by the context in which it occurs and the way in which it is presented; some programmes disturb not so much through the violence or aggression they contain, as through the picture they give of adult relationships. Verbal acts of aggression, reprimand and ridicule sometimes occasioned more unease than physical aggression." And again: "Children have an inconvenient way of responding to isolated incidents rather than to overall themes."

Westerns, it is reported, "tended to frighten only the very young or the insecure." By the age of seven, most children had come to recognize their stylized pattern and were reassured by the very sameness of the events portrayed. "On the other hand," the report goes on, "detective, murder and crime thrillers were often mentioned as frightening by adolescents as well as the 10-11 year olds." The authors point out that while children enjoy being frightened a little, "there is a narrow margin between pleasurable suspense and intolerable fear."

In a chapter of "Implications and Suggestions" the authors make many valuable observations, directed to both parents and teachers, on ways to make more creative use of this medium to expand children's activities and develop their cultural interests and their taste.

They emphasize that there is an active job to be done in this respect.

Their "Suggestions to Television Producers" must surely provide much food for thought to those responsible for children's programming. "The strongest reason for criticizing them [programs presenting violence] is their reiteration that life is cheap and that conflict is to be resolved by violence. Because they are all so similar they do not offer a sufficient diversity of models for identification . . . Children's plays should interest children in the excitement that comes, not from exploits against the law or in its defence, but from the conquest of difficulties."

In both the findings and the deductions from

them, the report effectively balances the plus and minus values of television for children. It is so brimming with significant statements that it is difficult to refrain from quoting many more. The authors have presented their material with warmth and understanding, demonstrating a deep empathy with children. The report should be heartily welcomed in the United States, for despite differences in programming in the two countries, children are much the same; and this is primarily a study of children.

JOSETTE FRANK
C S S A Staff

New books about parenthood and family life

Selected by the CSAA Book Review Committee,
Edythe First, Chairman

Books on family living

THE ADOLESCENT THROUGH FICTION: A Psychological Approach. By Norman Kiell. International Universities Press, 1959. 345 pp. \$5.00. These fictional portraits of adolescents in the stress of various life situations are frequently more recognizable and illuminating than the usual psychological case history. Excerpts from both modern and classic authors have been carefully chosen for their definition of a particular adolescent problem—the meaning of sex, learning difficulties, career conflicts, etc. The book covers a wide range of adolescent behavior questions, offers a good bibliography, and is consistently readable.

THE ADVENTURE OF LEARNING IN COLLEGE: An Undergraduate Guide to Productive Study. By Roger H. Garrison. Harper, 1959. 270 pp. \$3.25. For the young person just entering college, this book offers an exciting discussion of the aims, problems and goals of higher education. The author brings rich anecdotal material culled in years of college teaching to his analysis of the problems of creative learning and study. His book should help students and their parents face the increased re-

sponsibility and initiative that college demands of students as they grow and mature.

BLUEPRINT FOR TEEN-AGE LIVING. By William C. Menninger, M.D., and others. Sterling, 1958. 221 pp. \$2.95. A nicely balanced composite of the problems perplexing young people, honestly discussed by a group of nationally known experts addressing themselves directly to teenagers. Clear, readable, with frequent touches of humor, this book should be immensely helpful to parents who are trying to work out with their teenagers a useful philosophy on such questions as dating, honesty, alcohol, narcotics, and the handling of tensions. Most of the material consists of excerpts from Science Research Associates booklets for the teenager.

THE COLLEGE INFLUENCE ON STUDENT CHARACTER. By Edward D. Eddy Jr. American Council on Education, 1959. 185 pp. \$3.00. A refreshingly critical, but constructive evaluation of life on today's college campus: Is enough expected of students? Do teachers set an example in matters of principle? Are curricula too rigid? Could housing arrangements

be improved? Are current college practices encouraging character growth in students to the extent that they might? From a careful study of twenty selected colleges the author draws interesting conclusions on the need for reappraisal of experimentation in our college programs. Of value to students and their parents.

ENJOY YOUR CHILDREN. By Lucille E. Hein. Abingdon, 1959. 218 pp. \$3.50. A wonderful compilation of creative and original activity ideas for seven- to twelve-year-olds. Suggests ways a parent can discover his child's interests and needs and help get him started on truly satisfying recreational activities.

GUIDING CHILDREN AS THEY GROW: *Between One and Twenty*. Edited by Eva H. Grant. National Congress of Parents and Teachers, 1959. 256 pp. \$1.00. A collection of articles on child development taken from the National Parent-Teacher magazine. Offers useful information on many aspects of growth from the pre-school through the adolescent years. Contributors include Spock, Gesell, Gruenberg, Ilg, Hymes, Wolf and the Franks.

HOW TO FINANCE A COLLEGE EDUCATION. By W. Bradford Craig. Holt, 1959. 79 pp. Paperbound ed., \$1.95. Parents facing the financial burden of higher education for one or more youngsters can learn from this little book facts about the general costs of a college education, work opportunities on campus and during the summer, scholarship offerings from industrial and educational organizations, and insurance and bank loan plans. The author is director of the Bureau of Student Aid at Princeton.

HOW TO GET THE BEST EDUCATION FOR YOUR CHILD. By Benjamin and Lillian Fine. Putnam's, 1959. 251 pp. \$3.95. A practical book about a child's life at school from the first years through college. The authors, drawing from their extensive experience with public schools, discuss with realistic understanding how parents can help a child at home, handle many common school problems and improve their children's schools through community action.

HOW TO GET INTO COLLEGE. By Frank H. Bowles. E. P. Dutton, 1958. 157 pp. \$2.95. Paperbound ed., 1959. \$1.10. Reissue of a helpful book for prospective college students and their parents by the president of the College Entrance Examination Board. Answers questions on every aspect of application to college, including high school preparatory courses, when and how to choose a college, scholarships, fulfillment of military service requirements. Realistic advice for both top students and those who are nearer average.

HOW TO HELP YOUR CHILDREN: *The Parents' Handbook*. By William C. Menninger, M.D., and others. Sterling, 1959. 640 pp. \$4.95. Some of the finest pamphlet material on child-rearing written thus far is available in this compilation of Science Research Associates pamphlets written by such distinguished experts as Sibylle Escalona, William Menninger, Helen Ross, Edith Neisser and others. As a book, it is indifferently edited and poorly indexed, but the subjects covered—children's social growth, their fears and hostilities, the way they develop responsibility and moral values—should interest all parents, and each contributor has something valuable to say.

ON BECOMING A WOMAN. By Mary McGee Williams and Irene Kane. Dell, 1959. Paperbound ed., 159 pp. 25c. A sympathetic, straightforward book intended to help the teen-age girl understand the physical and emotional changes and pressures she is experiencing. Includes practical advice on clothes, make-up and dating. Mothers who read it should gain new insight into the problems and feelings of their adolescent daughters.

Books for those who work with families and children

FATHER TO THE CHILD: *Case Studies of the Experiences of a Male Teacher With Young Children*. By Everett S. Ostrovsky. Putnam's, 1959. 173 pp. \$3.75. In a series of interesting case studies, the author shows how several four- and five-year-olds who were "father-deprived" either by divorce, death or other causes benefited from their relationship to a male nursery school teacher. Many suggestions here apply not only to fatherless families but to families in which the father is absent for business or other reasons. An excellent examination of the vital role of the father in achieving well-balanced family relationships.

TEACHING IN THE NURSERY SCHOOL. By Sallie Beth Moore and Phyllis Richards. Harper, 1959. 534 pp. \$5.50. A useful textbook for anyone concerned with nursery school education. Includes material on physical environment, planning for special occasions, teacher and parent-teacher relationships and ways of evaluating teaching. Discusses the many problems that may arise in a nursery setting.

Books on special subjects

THE HANDBOOK OF PRIVATE SCHOOLS: *An Annual Descriptive Survey of Independent Education*. Porter Sargent, 1959. 1344 pp. \$10.00. This most recent edition of a classic is an invaluable guide for parents and others

seeking information on independent (private) schools through high school.

JUNIOR COLLEGES AND SPECIALIZED SCHOOLS AND COLLEGES. Porter Sargent, 1959. 448 pp. \$5.00. Parents whose children seek education beyond high school but not at a standard liberal arts college will find here a guide to schools offering academic, general, as well as many types of specialized training. The suggestions should be useful to school guidance counselors and parents alike.

MEANING IN CRAFTS. By Edward L. Mattil. Prentice-Hall, 1959. 133 pp. \$3.95. Although addressed to teachers, this book is also an excellent guide to parents who are looking for unusual materials or new ways to interest youngsters in materials readily at hand. It presents a wealth of ideas for craft activities suitable for pre-schoolers on up to teen-agers.

THE MENTALLY RETARDED CHILD AT HOME: A Manual for Parents. By Laura L. Dittman. Children's Bureau, U.S. Department of Health, Education and Welfare, 1959. 99 pp. Paperbound ed., 35¢. Excellent suggestions for parents rearing retarded children at home, offered with great understanding of the feelings of the parents, the retarded child, his siblings and friends. The author discusses different degrees of retardation, the child's probable future achievement and advises parents on how to help the retarded child master such tasks as toilet training, self-feeding and speech if they are within his capacity. Lists sources of outside help, including schools, special classes, play groups and testing centers.

THE MENTALLY RETARDED IN SOCIETY. By Stanley Powell Davies with the collaboration of Katharine G. Ecob. Columbia University Press, 1959. 248 pp. \$5.50. A history of the changing approaches to treatment and training of the mentally retarded. Describes and evaluates current community programs based on the co-operative efforts of schools, social agencies, institutions and parent organizations. Discusses current research and its implications for changes in the way we now train and teach the retarded. Valuable for those who live or work with the retarded.

WOMEN AND WORK IN AMERICA. By Robert W. Smuts. Columbia University Press, 1959. 180 pp. \$4.50. A factual, entertainingly written account of working women from the days of self-sufficient farms through the sweatshop era on down to the present. Discusses ways in which prejudices against working women were overcome and women's own reasons for taking jobs. Deft presentation of material that should help a mother who works outside the home gain fresh perspective on her role.

Pamphlets received

As a service to our readers, CHILD STUDY lists from time to time pamphlets received at CSAA headquarters. While only those from reliable sources will be included, no attempt at evaluation is made in this column.

The Art of Living with Yourself . . . and Others
American Visuals Corp., 460 Fourth Ave.,
New York 16, N. Y. 25¢.

Family Activities with Other Families
Publications Services,
National Board, YWCA, 600 Lexington Ave.,
New York 22, N. Y. Free.

Better Utilization of College Teaching Resources
The Fund for the Advancement of Education
477 Madison Ave., New York 22, N. Y. Free.

How Do Your Children Grow?
Association for Childhood Education
International, 1200 Fifteenth St. N.W.,
Washington 5, D. C. 75¢.

How to Know Your Child
Mental Health Materials Center
104 E. 25th St., New York, 10, N. Y. 25¢.

The Lawyer and the Social Worker
Family Service Association of America
215 Fourth Avenue, New York 3, N. Y. 65¢.

The Unmarried Mother
Ruth L. Butcher and Marion O. Robinson
Public Affairs Pamphlets, 22 E. 38th St.,
New York 16, N. Y. 25¢.

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Your Child's Friends

by Sidonie M. Gruenberg and
Hilda Sidney Krech
Public Affairs Pamphlets, 22 E. 38th St.,
New York 16, N. Y. 25¢.

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CSAA reports—

Boston conference

A two-day conference on "Helping Parents of Handicapped Children—Group Approaches," co-sponsored by the Children's Medical Center of Boston, Massachusetts, and the Child Study Association of America, will be held in Boston on October 15th and 16th, 1959.

The conference will be open to professional workers and representatives of community agencies and is being offered in the belief that greater attention to parents can contribute vitally to the development and well-being of handicapped children and their families. The aim of the conference will be to emphasize the special needs and anxieties of parents with handicapped children and to explore the ways in which these parents can be helped to develop and consolidate their inner strengths through group experience.

Among the speakers at the general sessions will be William Berenberg, M.D., Assistant Clinical Professor of Pediatrics, Harvard Medical School; George E. Gardner, M.D., Director, Judge Baker Guidance Center; Aline B. Auerbach, Director, Parent Education Department, CSAA; Leon Sternfield, M.D., Commissioner, Department of Public Health, Cambridge, Massachusetts; Lendon Snedeker, M.D., Assistant Director, The Children's Medical Center, Boston; A. D. Buchmueller, Executive Director, CSAA. The closing session will include a panel discussion by the speakers and workshop leaders. Elizabeth Rice, Associate Professor of Public Health Social Work, Harvard School of Public Health, will serve as moderator.

Workshop sessions will be conducted by members of CSAA's parent group education department, the Children's Medical Center, Judge Baker Guidance Center and the Boston University School of Social Work. Staff members of the Center and the Association will serve as resource persons during these sessions.

For further information write to Lendon Snedeker, M.D., Assistant Director, The Children's Medical Center, 300 Longwood Avenue, Boston 15, Massachusetts.

Gracie Mansion tea

Mrs. Robert F. Wagner, the wife of New York City's mayor, will welcome guests of the Child Study Association to Gracie Mansion for an after-

noon tea on September 29, 1959 at four o'clock. The informal party will be an opportunity to introduce friends of the Association to the broadening scope of its program—and to invite them to join CSAA as members and volunteer workers to help carry out the expanded activities of the Agency. Actress Kim Hunter will be a special guest at the tea.

New Building Fund

In order to meet a heavily increased demand for its nationwide services, the Child Study Association has contracted to purchase a six-story building at 9 East 89th Street, New York City, which will approximately double the floor space of its present headquarters. The Association will move to the new building some time in the late fall.

The new building will not only provide more adequate space for increased staff and program development, but will make available to a larger public the Association's two unique libraries, including its comprehensive collection of books on child development and family life, as well as a broad selection of children's literature.

In announcing the purchase, Mrs. Clarence K. Whitehill, CSAA president, stressed the need for contributions to the New Building Fund, headed by Mr. Ralph Hetzel, Association treasurer. "Contrary to popular opinion," she noted, "the Child Study Association has no endowment and must rely on the generosity of its many friends throughout the country for help in meeting the increased expenses of its rapidly growing program.

"Demands have been particularly heavy on the departments offering training to professional persons for parent group education leadership, consultation to community organizations in developing parent education programs, and the individual parent counseling service. As a result, there is a serious need for program funds, as well as funds for the new building. Our goal for individual contributions for the coming year, including funds for the new building and for program, is \$200,000.

"Close friends of the Association have greeted the news with enthusiasm," Mrs. Whitehill reported, "and several substantial contributions already have been received." Readers of *CHILD STUDY* are invited to send their contributions, payable to the Child Study Association of America, to the New Building Fund, in care of Mr. Ralph Hetzel, Treasurer, The Child Study Association of America, 132 East 74th Street, New York 21, N.Y.



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